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Lecture.

TREATMENT OF JAUNDICE BY COLD WATER ENEMATA.—A CASE OF CIRRHOSIS OF THE LIVER WITH JAUNDICE.

A clinical lecture delivered at the Philadelphia Hospital,

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Reported by William H. Morrison, M. D.

Gentlemen:

This patient was before the class two weeks ago suffering from catarrhal jaundice. The treatment which was pursued was that which is known as the method of Krall, which is recommended by the German writers and is said to have been quite successful, namely, the administration of enemata of cold water. This was given three times daily and continued for ten days. At first the temperature of the water used is 55° or 60°, and each day the temperature is slightly increased until by the tenth day it has reached 90°. With the exception of rest and regulation of diet, nothing but the administration of the enemata has been employed in this case. Marked improvement was manifest on the second or third day after the treatment was begun. There is now scarcely any pigmentation of the skin, and there is only a slight discoloration of the conjunctiva. The gastro-intestinal symptoms which were present have also improved. While the disappearance of the jaundice and the other symptoms have been satisfactory, the improvement has not been so striking as in other cases in which I have employed this treatment.

I wish to show you, in connection with the case you have just seen, another patient, who was admitted to the hospital one week ago, suffering with extreme prostration and dyspnœa and having enlargement of the abdomen. The patient is extremely emaciated, with a yellowish or sallow tinge of the countenance and an appearance of distress. There is, as you can see, fullness of the venous capillaries of the face. There is also slight œdema. The dyspnœa was found to be due to enlargement of the abdomen pressing the diaphragm upwards. On inspection we find that the enlargement is uniform. There is no irregularity whatever. The enlargement is symmetrical. The abdominal walls are extremely dense and glistening. The veins are enlarged and the capillaries are full. Palpation confirms inspection and, in addition, shows the presence of liquid. Fluctuation is readily detected. Percussion, with the patient on the back, shows a tympanitic area over the central portion of the abdomen and marked dullness in both flanks and in the epigastric region. The area of dullness changes as the position of the patient is altered. No friction fremitus is detected, and, in fact, as the respiration is chiefly costal, very little movement of the abdomen takes place. Mensuration shows that the enlargement of the abdomen is most marked just above the umbilicus. The ratio existing between the measurement from the umbilicus to the xiphoid cartilage, and that from the umbilicus to the symphisis, is normal, the

navel being about one inch nearer the sternum. I mention this because there are cases of fluid in the peritoneal cavity, especially in ovarian tumors, where there is a marked alteration of these measurements, the navel being nearer the symphisis.

What is the cause of this accumulation of fluid? In the first place, from our knowledge of morbid anatomy, we know that such an accumulation of fluid must be due either to conditions of the general circulation whereby there is obstruction, as in cardiac or renal disease, causing an exudation of serous fluid into the lymph spaces (and the peritoneal and pleural cavities are only large lymph spaces), or to local conditions of the circulation within the peritoneal cavity; for, as you remember, there is within the abdomen a minor circulation; or quite frequently it may be due to diseases of the peritoneum itself.

Is there any acute disease of the peritoneum in this patient? Peritonitis can at once be eliminated by the absence of fever and the other symptoms of this affection. Besides, the history of the patient would indicate that this affection has been developing for some time, and must therefore be due to some chronic process. Is there simple chronic inflammation of the peritoneum? The history of the case does not point to such a condition, and in chronic peritonitis there are other symptoms besides ascites. There is often the fremitus to which I have already referred. In chronic inflammation of the peritoneum, the effusion is not great in amount, is confined to certain localities by numerous adhesions, and localized areas of dullness will be found. In chronic peritonitis, also, the contour of the abdomen is usually different from what it is here, being irregular, and there is absence of enlargement of the superficial veins.

In tubercular peritonitis, which is a more frequent cause of ascites than is simple chronic peritonitis, there is evidence of tuberculosis found in other organs. There is in addition marked fever, sometimes of a hectic nature; there is also emaciation which is often more extreme than it is here. In tubercular peritonitis the contour of the abdomen is often irregular, and the distension is usually not so great as in this case. There is therefore a relaxed condition of the abdominal walls, and often an enlargement of the mesenteric glands and omentum. I have shown you specimens in which there was enormous thickening of the peritoneum and omentum as the result of tubercular disease of those structures. This thickening is usually detected by dullness along the course of the transverse colon above the umbilicus, and must be distinguished from the hepatic dullness. This is done by finding a line of tympany between the dullness of the thick omentum and that of the liver.

Malignant disease of the peritoneum must also be considered. In this we have frequently ascites, as in this case; and we also have the presence of the cancerous cachexia with the occurrence of local symptoms due to the development of secondary deposits in important organs, as the liver, the stomach, or in the bowel, leading to alteration of function or obstruction of the viscera. The disease would also be likely to involve the glands of the groin or of the axilla, and there is especially apt to be in these cases a deposit of carcinoma about the umbilicus. We can in this instance readily eliminate affection of the peritoneum.

There are other accumulations of fluid to which I desire to refer before speaking of the effects of obstruction of the portal circulation. In females it is necessary to consider whether or not ovarian tumor is present. We also have renal cysts, which give rise to the physical signs of effusion. We have hydatid disease of the liver, or peritoneum. Ovarian tumor can usually be distinguished by the history of the case, the relation of the growth of the tumor to menstruation, and by physical examination. The swelling usually appears in one or other groin, and the contour of the abdomen is usually not symmetrical. The normal proportion of the measurements between the umbilicus and xiphoid cartilage, and the umbilicus and the symphysis pubis is altered. If an ovarian tumor is tapped, the fluid is found to be glutinous, and contains paralbumen. There is always absence of urea. The fluid in certain cases may be of a dark color. The fluid in ascites, due to peritoneal affections, is clear, of a straw color, with a specific gravity of about 1012, and contains albumen and urea. In carcinoma of the peritoneum, however, the fluid is often bloody. The study of the various kinds of fluids found in the peritoneal cavity is of course of extreme importance in regard to the diagnosis.

In their local appearances, both renal and hydatid cysts are characterized by smoothness of their surface and irregularity in outline of the abdomen and also by the characters of the fluid. In hydatid cysts we have the presence of hooklets, and there are local symptoms referable to the organs involved in the disease. In renal cysts there is a history of

some affection of the kidneys, possibly the previous passage of a calculus.

We come now to speak of disorders of the general circulation that may cause ascites. In this patient there is some general anasarca. There is œdema of the feet, and, on admission, there was quite marked œdema of the hands. The history of this case points rather to a local than to a general affection. If the condition were due to some disturbance of the general circulation, such as cardiac disease; or, if it were due to disease of the kidney, which is almost always a general disease, the affection of the kidneys being a local manifestation, as of arterio-capillary fibrosis, we should have a different history. The patient is forty-five years of age, and is a domestic by occupation. She has been a moderate drinker. She states that she has been always healthy, until the appearance of the present trouble, which developed three months ago. She first noticed swelling of the abdomen, which was associated with gastro-intestinal symptoms, especially the occurrence of vomiting at irregular intervals. There was some dull pain throughout the abdomen. Five months previous to admission she states that she vomited blood. This is all the history that we have been able to obtain, and the condition of the patient rendered it difficult to obtain even this. She further states that her health has been failing for two years.

There is no history of renal symptoms, and the examination of the urine serves to at once eliminate disease of the kidneys. The heart also is found to be normal. There is nothing to lead us to believe that ascites is due to any disorder of the general circulation. We must therefore consider it to be due to disturbance of the portal circulation.

In distinguishing the particular affection of the portal circulation which has given rise to the ascites, we must take into consideration the history of the case. In this patient the history points to that affection, which is quite common in this hospital, namely, cirrhosis. The age, the habits, the previous history and the gradually developing ascites, would lead us to look to the liver for the cause of the trouble. Under such circumstances we find the liver is contracted, and on percussion we find the normal area of hepatic dullness much diminished. In addition, there is slight icterus, as shown by the yellowish tint of the eye and of the mucous membrane under the tongue. We would at once consider this to be a case of cirrhosis of the liver, and the presence of the enlarged superficial abdominal veins confirms this opinion. The peculiar cachectic appearance which this patient shows is very characteristic of the latter stage of cirrhosis. The absence of renal and cardiac lesions would also all point towards this affection.

There are other disorders which influence the portal circulation and lead to dropsy. One of these is perihepatitis, especially, syphilitic perihepatitis, with subsequent contraction. This perihepatitis usually develops secondarily to some local affection of the peritoneum, such as may be caused by ulcer of the stomach or the passage of gall-stones. Another cause is affections of the portal vein causing obstruction. This occasionally is a result of pyelophlebitis, especially of the adhesive variety, with the formation of thrombus in the portal vein. In this condition there is usually a history of some local abdominal trouble. One peculiar thing in thrombus of the portal vein is that, within twenty-four hours after tapping, the abdomen is again distended to its previous size. We have not used this test in the present case, because the patient has improved. If after tapping we find the accumulation quickly returns, we should possibly infer the existence of thrombosis of the portal vein, but this may be present in cirrhosis. The symptoms point to obstruction of the portal circulation with the occurrence of ascites, hemorrhage and the enlargement of the superficial abdominal veins.

When admitted the patient was extremely weak and the first indication for treatment was the use of stimulants. It may be said, "Why use stimulants since this affection of the liver is undoubtedly due to the abuse of stimulants?" The damage has already been done and it is not likely that in moderate quantities, any bad effect will be produced. The general condition absolutely called for the use of stimulants. In these cases it is also well to stimulate the renal circulation. The skin in like manner should be remembered. In this case we have used copaiba as a stimulant of the renal secretion with quite satisfactory results. The oleoresin of copaiba in five minim doses was given three times a day. Other diuretics may be used in addition. Digitalis is of much value. In this instance the capaiba is acting so satisfactorily that we shall not change, unless the condition of the stomach requires it.

The question as to the propriety of tapping arises. When I first saw the patient, I thought that this would have to be done, but she was so much excited at that time that I did not consider the operation warranted. Tapping was therefore postponed. It should

be done not only on account of the large accumulation of fluid, but also on account of the pressure effects which this collection produces. Tapping is usually followed by the discharge of a larger quantity of urine than has been previously passed. The removal of the fluid relieves anasarca and the secondary congestion of the mucous membrane of the stomach and bowels.

This case, therefore, presents a perfect picture of cirrhosis of the liver in the third stage. The prognosis is, of course, grave, yet even in this stage cases have been so relieved that they have lived for a long time. Undoubtedly the best method of accomplishing this is by frequent tappings. In one reported case tapping was performed some forty or fifty times, and finally the ascites entirely disappeared, and the patient became comparatively well. Drugs used for their effect upon the liver are, of course, out of the question. It is sometimes said that if iodide of potassium is administered in the third stage, the progress of the disease may be checked. There has never been any positive proof that it has this power.

There is another interesting condition, and that is the occurrence of small purpuric spots on the arms and eyelids. These often occur in cirrhosis; and indicate not only a depraved condition of the blood, but also a congested state of the capillaries. Jaundice does not usually occur in cirrhosis, except possibly in the first stage. In this case it is due to the secondary congestion of the mucous membranes arising from the obstruction of venous radicles in the liver, in that way finally causing gastro-intestinal catarrh.

There are cases of cirrhosis of the liver where the organ is enlarged instead of contracted. This occurs most frequently in women. They may be the result of alcohol, but they are often secondary to long continued jaundice due to chronic obstruction in the biliary passages. We shall carefully watch this case and report the result to you.

—Prof. Virchow, known not only as a celebrated physician, but also as an archeologist of renown, will finish his vacation by accompanying the famous Dr. Schliemann on his visit to Egypt next spring. He may, perchance, find his "cellular pathology" entombed in some of the Theban catacombs.—*Weekly Medical Review*, August 20, 1887.

COMMUNICATIONS.

MISTLETOE: ITS PHYSIOLOGICAL ACTION AND THERAPEUTIC APPLICATIONS.

BY R. L. PAYNE, M. D., LEXINGTON, N. C.

Overburdened as is now the Pharmacopœia with new remedies, any well-meaning physician should hesitate long and consider well the merits of any proposed new drug before he calls attention to its virtues Feeling this, it is with extreme diffidence that I comply with the call of the REPORTER for my experience with mistletoe; and only because, after a careful study of its physiological action, and after testing its therapeutic virtues for more than nine years, I am convinced that its uses are not sufficiently understood by the medical profession, have I determined to prepare this little sketch.

Mistletoe, the *Viscum album* of Linnæus, the *Viscum flavescens* of Pursch, or *Phoradendron* of Nuttall, is a small, parasitic evergreen shrub of the natural order, *Loranthacæ*, and grows chiefly upon deciduous leaved trees.

The *viscum album* is indigenous to Europe; the *phoradendron flavescens* is an American species, growing mostly on the elm, oak, locust, black-gum and persimmon trees, its habitat being in the Southern States, extending northward as far as New Jersey, and westward to the Mississippi Valley. The leaves of the *viscum album* are lanceolate or spatulate, obtuse and entire; those of the *phoradendron flavescens* are obovate or oval, fleshy.

Both plants are brittle, of a yellowish-green color, much branched, and bearing a flower monœcious and in clusters, and the fruit, a berry, small, white and waxy-looking.

Mistletoe has been analyzed by Gaspard, Funcke and others, who find it to contain mucilage, sugar, an odorous principle, a fixed oil, tannin (in traces), a resin, and various salts. It also contains viscin, or bird lime, in small quantities, but this seems to be largely a product of fermentation. Mistletoe was formerly used by European physicians as a remedy in hysteria and epilepsy, but in these conditions its use has become obsolete.

In the year 1851, Dr. Turnipseed, of South Carolina, called attention to the ecbolic action of a decoction of mistletoe,

but little attention was paid to the declaration. In the year 1878, renewed interest in the remedy was excited by an article written by Dr. Long (*Louisville Medical News*), in which the author speaks highly of the oxytocic virtues of mistletoe, claiming it to be far superior to ergot:

"1st. Because it acts with more certainty and promptness.

2d. That instead of producing a continuous or tonic contraction, as does ergot, it stimulates the uterus to contractions that are natural, with regular intervals of rest. Consequently, it can be used in any stage of labor, and in primiparæ where ergot is inadmissible.

3d. It can always be procured fresh; does not deteriorate by keeping, and is easily prepared."

Cases have also been reported by European authorities, in which children, after eating of the berries, were seized with vomiting, great thirst, tenesmus, bloody and mucus stools, and in one instance collapse and death. Further than the gastro-enteric irritation which the symptoms in these cases indicate, nothing was published throwing any light upon the physiological action of mistletoe until in the *North Carolina Medical Journal* (May 1881), the writer published an extended series of experiments upon cold and warm blooded animals, from the results of which the following general summary of the physiological action of the drug was deduced, viz: "Mistletoe is an irritant of the gastro-intestinal mucous membrane. We also conclude that it exerts, in cold blooded animals, an action on the heart similar to digitalis, slowing its action by increasing the length of its diastole, at the same time increasing the length of its systole. In warm blooded animals its action on the heart is more like that of belladonna, its force not only being increased but its rate of impulse also, and—contradictory as it may seem—it must be that in frogs the heart is slowed by increase of its inhibiting control, and strengthed by stimulation of its vaso-motor ganglia; while in warm blooded animals the increase in strength and rate of the pulse is due not only to stimulation of the vaso-motor cardiac ganglia, but also to a paralyzing action on the pneumogastric terminal filaments. It must also be noted that in too large doses, or if its action is too long continued, mistletoe by over-stimulation of the cardiac motor ganglia exhausts their irritability and paralysis results. The action of mistletoe on the pupil is also evidence of its stimulant action on the sympathetic nerves; and further it is seen that in both cold and warm blooded animals, mistletoe exerts a paralyzing action upon the spinal cord and its nerves, both of sensation and motion, but the action upon the heart and pupil indicate a stimulant effect upon the ganglionic nerves. Whether this paralysis depends upon a specific action on the cord, or whether it be due to a diminished supply of blood, the result of the stimulation of the vaso-motor nerves and consequent contraction of the arterioles, cannot well be determined, but the latter hypothesis I am inclined to adopt.

Mistletoe destroys the reflex functions of the spinal cord and lessens the electro-motor contractility of muscles."

As a result then, of this determination of physiological action, and knowing that the uterus, like all unstriped muscles, is almost entirely controlled by the ganglionic nerves, it is easy to understand the alleged oxytocic virtues of mistletoe; and since the publication of my paper above referred to, a number of trustworthy observers have testified to me of its efficiency. Indeed, I am prepared to endorse not only all that Drs. Long, Todd, Lane and others claim for it in this connection, but I would further add, that in those cases of post-partum hemorrhage in which the loss of blood has been extreme and the nervous shock so severe that we dare not give ergot, lest paralysis of the heart result, mistletoe, from its stimulant action on the heart, may be given with greater safety and with even more confidence as to the relief of the flooding, than ergot.

After an extended experience with mistletoe in cases of the retained placenta after abortion, I am fully persuaded that it will be found a most efficient remedy. Further, from its stimulation of the vaso-motor nerves and consequent contraction of the arterioles, mistletoe will be found to do good service in epistaxis, hæmoptysis, menorrhagia, metrorrhagia, and indeed all passive hemorrhages. That its action on the heart indicates its influence in all diseases of this organ characterized by weak action and low arterial tension I have been able to demonstrate in practice since I claimed for the remedy theoretical virtues in my former paper; and in *The Practitioner* (November, 1881), will be found a note on *viscum album* by Dr. Roswell Park, of Glasgow, who, referring to my paper, confirms my observations in this connection. Dr. Park states that "whatever the exact pathological condition might be, incompetency and tumultuousness, and distressing cardiac action were the immediate

symptoms calling for treatment in those that presented themselves. For this I prescribed ℥ ss doses of the tincture every four hours with the best results; all the patients returning with the above symptoms ameliorated." He further states that the drug is one of no mean "physiological power," and "an excellent substitute for digitalis."

In concluding this hurried sketch, I trust I may be permitted to present a few clinical cases illustrative of the value of the remedy in some of the above-named conditions:

Case I.—Mrs. E. called me to attend her in her third confinement. She had called me several times when suffering with false pains, consequently I did not hurry; and when I arrived I felt convinced that true labor pains had not set in; indeed, I thought she might be several days from term. She, however, would not hear to my leaving, and after careful consideration I determined to give mistletoe a trial. The pelvis was very capacious, the vagina was larger and well lubricated with mucous, and though the os was *not at all* dilated, the cervix uteri was soft and cushiony to the touch. At the time of giving the first dose of mistletoe, she had been having pains for fifteen hours, and the os uteri was not in the least affected.

3.30 P. M. I gave fld. ext. mistletoe ℥j. In fifteen minutes she began to have strong pains, and in forty minutes the os was as large as a silver quarter. I now gave another drachm of the fluid extract. Her pains increased in frequency till 4.30 o'clock; the intervals of rest were so short as to be scarcely perceptible, and from that time her pains were so severe as to excite my alarm lest an evil result should follow my meddling. At 9.40 p. m. she was delivered of a girl; the womb contracted well and she had a good getting up.

Case II.—My father and partner was called to a case of abortion, at the end of the third month, to deliver a retained placenta. His best endeavors failed to obtain the afterbirth. Ergot was then ordered and administered for three consecutive days without result; there was an offensive discharge from the vagina and septicæmia seemed imminent. Dr. Payne then bethought himself of mistletoe, and had a strong decoction prepared from the green leaves and about half a teacupful administered at a single dose. In a short time violent uterine effort occurred and the placenta was expelled at a single pain. The woman complained that she felt as if she would be "turned wrong side out." Recovery followed with no untoward symptom.

Case III.—Mrs. T., being examined per vaginam, the cervix was found in a cancerous condition on the anterior surface, and the woman, who was in the third month of pregnancy was in the act of aborting. The fœtus was soon delivered, but then all uterine action ceased and the after-birth was retained.

After waiting sometime in vain for a recurrence of action, a half-teacupful of a decoction of mistletoe was administered. In a short time pains again set in and the placenta was promptly expelled.

Case IV.—Mrs. B., a widow, aged 43, no children, applied for treatment, saying that for several months she had been under the care of different physicians without improvement. She suffered from metrorrhagia and had taken aromatic sulphuric acid, ergot, in truth nearly all the hæmostatics, without avail. She was very anæmic and much debilitated. She was directed to discontinue all other remedies and was ordered fld. ext. mistletoe in doses of 30 drops thrice daily. Under this treatment there was slight improvement, and the dose was increased to a drachm. Improvement was now more marked, but, fearing that the fluid extract was not as reliable as it should be, she was ordered a decoction of mistletoe (strength, mistletoe, two ounces, to water a pint and a half, boiled down to a pint and strained) in doses of one ounce every six hours. In a few days the hemorrhage ceased entirely and has not since appeared. The patient expresses herself as feeling better than she has for years, and is rapidly gaining flesh.

Case V.—Mrs. F., aged 27, married, and mother of four children. She tells me that during the last year she has at short intervals flooded severely, and at one time came near dying before a physician could be called. She has now been flooding for about a week, and, under the care of another physician, has taken various remedies without relief. Examination reveals the womb much enlarged and retroverted, the os patulous, soft, and spongy to the touch. She is now taking ergot without apparent good effect. I therefore discontinued the ergot and ordered fld. ext. mistletoe in drachm doses every six hours. She began at once to improve, and in two days the extract giving out and having no more at hand, she was ordered a decoction of like strength and dose as Case IV. After the first dose of this she ceased to flood, and an interval of six weeks having elapsed without further trouble, she was placed under treatment for the existing metritis, and has since borne two children and enjoys fine health.

Case VI.—Mrs. H., primipara, aged 45, is subject to frequent severe floodings. Was ordered to use the decoction of mistletoe steadily for several weeks. The floodings have not since recurred.

Case VII.—Mrs. N., widow, aged 65, very anæmic, and subject to frequently recurring and very profuse epistaxis. During an unusually severe fit of bleeding, after ergot had failed to give relief, she was advised to use a decoction of mistletoe. A good result was almost immediately obtained, and since that time she informs me she has frequently used the remedy for the same trouble and with universally good effect.

Case VIII.—Mrs. H., who is in the second stage of tubercular phthisis, has been bleeding freely from the lungs for a number of hours. Having no ergot at hand, a decoction of mistletoe was administered, and in less than an hour the hemorrhage ceased.

The following notes of two cases of bronchial hemorrhage treated with mistletoe were given me in a letter from a professional friend:

"No. 1. Second stage tubercular phthisis. Frequent large hemorrhages for over two years; ergot, salt, and gallic acid, he said, had been frequently used in previous hemorrhages; but they acted very slowly, and it was a question whether the hemorrhage ceased from their use. The attack he had, when I saw him, began after a violent fit of coughing when he was within a square of the hospital. He came to me at once, and I gave ℥ss of the extract of mistletoe, and repeated the amount in fifteen minutes. After first dose hemorrhage ceased."

"No. 2 said he had been perfectly well till within a week, when he had a cough, tight and ringing. Without apparent cause had violent hemorrhages, and came at once to hospital. Administered ℥ss of extract at once; in 15 minutes the dose was repeated; 25 minutes after this hemorrhage ceased."

And so I might go on citing case after case from my own practice and that of others, illustrative of the value of mistletoe in conditions similar to those above detailed; but these will suffice to indicate its usefulness. In country practice I almost daily prescribe a decoction of mistletoe, and I fully believe that at no distant day the remedy will enjoy the confidence of the profession at large.

SPEEDY AND FATAL CARBOLIC ACID POISONING OCCURRING FROM A UTERINE DOUCHE ADMINISTERED IN PUERPERAL SEPTICÆMIA.

Reported to the Henry County, Tenn., Medical Society,

BY S. C. EDMUNDS, M. D., PARIS, TENNESSEE.

Mrs. Curtis, aged 18, of good physique, and of healthy parentage, was delivered by a midwife at 11 P.M., June 9th, of a well-developed female infant. She progressed favorably until noon of the 12th, at which time she was seized with a severe rigor, followed by high fever, and at 2 P.M., on the 14th, she had had two other rigors, and the case was developing serious symptoms. I was sent for and arrived at 7 P.M. Her pulse was 128, temperature in the axilla 103½°, respirations 32. The womb extended an inch above the umbilicus, was hard, but not tender. The bowels had been evacuated repeatedly by purgatives, and within the last forty-eight hours she had taken forty-eight grains of sulphate of quinine. This treatment had been instituted by her mother. I prescribed for her eight grains antifebrin to be given every four hours. This treatment was continued until 8 A.M., on the 15th, when the medicine gave out. I did not see her again until 8.30 P.M.; her pulse was 104, temperature 101½°; she expressed herself as having been much better, but was now growing worse in consequence of a rise of fever, and in thirty minutes thereafter it had risen to 102½°. The lochia was very fetid, and the womb as large as the day before; I concluded to wash out its cavity with a disinfectant solution; a drachm of liquid carbolic acid was stirred into a quart of warm water, and was injected with a uterine douche. The liquid was injected gently and returned freely through the escape-canula. It caused no pain while being given, but in a few moments she exclaimed, "Mother, run here and rub me, my blood has quit circulating, there are ten thousand needles sticking in me, I am burning up, give me water." She drank the water and immediately vomited a greenish fluid and commenced trembling, and soon went into a clonic convulsion which lasted about ten minutes, during which time she did not lose consciousness. She said, "It is that old stuff you injected that is killing me, I taste it in my mouth." On the cessation of the spasmodic movements her temperature was found to be 105°; she was given eight grains of antifebrin, but rejected

it forthwith together with a large quantity of a black fluid, resembling "Black Vomit." She now became delirious and it required four to keep her in bed. I gave her morphine sulph. gr. ¼, atropine sulph. gr. $\frac{1}{100}$ hypodermically. In a few moments she was quiet, and her temperature rose to 108½. She died at 10.55 P.M., one hour and forty minutes after the douche was used. Although the symptoms in this case did not resemble those ascribed to carbolic acid poisoning, yet I think that was the trouble. When we consider that there were two hundred and fifty-six drachms of water and one drachm of liquid carbolic acid, and that a full quart of the fluid returned as was ascertained by measurement it is easily understood that much less than the minimum dose of carbolic acid could have been absorbed. I do not think it probable that any of the fluid entered the peritoneal cavity through the Fallopian tubes as there was no tympanitis an hour after death. This is the worst mishap that has occurred to me in a long and active practice. Ever since the antiseptic treatment came into vogue I have been in the habit of giving uterine douches in cases of puerperal septicæmia, and, as I have been thinking, with marked benefit, and in no case did any untoward symptom result except in the one just reported.

STROPHANTHUS HISPIDUS.

BY JOHN AULDE, M. D., OF PHILADELPHIA.

Strophanthus hispidus was first brought to the notice of the public and the medical profession by Pelikan in 1865, who discovered that it was the active ingredient in an arrow poison used by the inhabitants in tropical Africa. It is one of several "Allied Plants" referred to in the U. S. Dispensatory under the head of Oleander, Nat. order, *Apocynaceæ*, and nearly a quarter of a century had elapsed before any attempt was made to establish its exact pharmacological postion. Within the past few years, however, much has been accomplished toward establishing for it an important place in our materia medica. From the fact that a knowledge of this new remedy is not widely disseminated, it may not be out of place to note some of the facts which have been demonstrated as to its physiological action. It is stated that in 1877 Hardy and Gallois first isolated from the seed the poisonous neutral principle strophathin, a white, crystalline substance, soluble in water, and slightly so in alcohol and chloroform, which was then supposed to be an alkaloid, but later was found to be a glucoside. The honor of having discovered this principle is claimed by some for Professor Fraser, of Edinburgh, who published an account of his investigations before the British Medical Association in the latter part of the year 1885. Prof. Fraser has shown strophanthus to be a powerful muscle poison, the heart being early affected, and to him probably more than to any other, we are indebted to day for this valuable addition to our *armamentarium*. The estimated amount of strophanthin contained in the seeds is from eight to ten per cent., although the same principle is found in the leaves and bark, but in much smaller quantities. The hairy seed-crown contains *ineine*, a non-poisonous crystalline alkaloid, adopted no doubt from the name *inée*, which is that given to the plant by the natives of Africa.

Physiological Action.—Strophanthus acts on all striped muscular fibre, and a single injection of one fiftieth of a grain has been known to produce effects which were noticeable after an interval of eight days. As compared with digitalis, its effect on the heart is much more decided and powerful, while its action on the blood vessels is less, and yet the diuretic effect is most marked, as will readily be seen by reference to the following experiments:* "Comparative experiments upon the separated frog's heart showed that solutions of digitalin made by Morsin, of one part in over one hundred thousand parts, produces characteristic changes in the heart's action, but were sufficiently strong to kill the heart within two hours; but that a solution of strophanthin, one in six million, produced characteristic changes in the heart's action and complete stoppage of its contractions in extreme systole in about twenty minutes. In a frog whose central nervous system had been destroyed, a solution of digitalin, one in twenty thousand, passed through the blood-vessels, produced in six or seven minutes extreme contraction of the vessels, but no decided effect was observed with strophanthin in solution of one in three thousand, and a temporary effect merely with a solution one in two thousand. . . . . It would therefore seem that strophanthus may be used with much greater advantage than digitalis in the treatment of cardiac disease, where the action of digitalis on the blood-vessels simultaneously with its action on the heart constitutes one of the strongest drawbacks to its successful employment."

*Prof. Fraser—*Brit. Med. Journ.*, Nov. 14, 1885, p. 904.

The question very naturally comes up here as to the *modus operandi* of this remedy acting as a diuretic, when it has all along been supposed, and by many the question was supposed to have been settled beyond a doubt, that digitalis acted as a diuretic by reason of its increasing blood pressure. Here we have a remedy which acts as a diuretic, and yet, when compared with digitalis in this respect, its action on the blood vessels is comparatively slight. According to the observation of those who have had the most perfect facilities for determining the matter, this diuretic effect is one of its marked characteristics, and it is recommended in cases of cardiac disease when the diuretic action is desired. Can it be that our teachings have been at fault in this important particular, and that digitalis does not act as a diuretic *cæteris paribus*, with the increase of blood pressure? I think this supposition can be satisfactorily explained by granting that both digitalis and strophanthus give increased power to the heart's action, and consequently that there is an increased activity in the vascular system, the result being that all glandular function is more perfectly carried on. This, of course, leaves out of the question all consideration of the effects of blood pressure in the structure of the kidney. In support of this proposition, I shall refer you to the results of recent investigations made by Heidenhain and his pupils, and referred to by Dr. H. G. Beyer, U. S. N., in the course of a lecture delivered in the Biological Laboratory of the Johns Hopkins University.

Dr. Beyer says: "It is a fairly well-settled question in physiology that the epithelia lining the convoluted tubules of the kidneys are the structures principally concerned in the excretion of the solid constituents of the urine, and that the epithelium lining or covering the glomeruli is the tissue chiefly engaged in the secretion of the watery constituents of the urine." On this reasonable basis it is evident that increased glandular function is not due to increased blood pressure, but may be readily accounted for on the assumption of cellular activity, due to the influence of the remedy upon the epithelial lining of the convoluted tubules, and that lining or covering the glomeruli. As additional proof of the proposition, I may quote from Dr. Beyer's exceptionally interesting lecture: "Dr. von Schröder, of Strasburg, Germany, in a beautiful series of experiments, has succeded in conclusively demonstrating, at least to my mind, the fact that caffeine, injected into the circulation, gives rise to a much increased flow of normal urine." As the writer believes that caffeine lowers blood pressure, it would appear to be unnecessary to pursue the subject farther, and I shall therefore confine myself to a brief report of several cases in which this remedy has done good service:

Case I.—Three years ago I saw Mrs. K. for the first time. The occasion for consulting a physician was continued bleeding at the nose, a circumstance which had occurred previously, but had not been sufficient to cause the family any alarm. The patient was then aged 73, and was rather frail in appearance, and had withal a very unsatisfactory cardiac action; but, aside from being weak and short of breath at times, she had but little trouble. There were found valvular changes together with indications of mitral regurgitation, while the condition of the pulse pointed to senile degeneration. With the exception of slight attacks of indisposition from time to time, she did very well until during the past winter, when there appeared symptoms of a general breakdown, and shortly thereafter œdema of the lower extremities began, which, of course, caused me to give to the friends and relatives an unfavorable prognosis. Up to this time various remedies had been tried in vain with a view to improve the condition of the heart. Digitalis had been tried cautiously, but the contra-indications for its exhibition were so decided that it was discontinued, and convallaria adopted in its stead. Soon, however, it was found that convallaria was not likely to be of any permanent benefit, and small doses of nux vomica were substituted, and with apparent improvement. It was found that the heart did not intermit so often under the administration of nux vomica as it did with either of the other remedies, of which digitalis proved the least beneficial, and caused the most alarming symptoms, amounting almost to syncope. The doses of nux vomica in this case were quite small, and not too frequently repeated; the fluid extract being used, well diluted with water, and as an additional safeguard small doses of belladonna were combined with it. For a portion of the time that the nux vomica was taken, small doses of atropine (gr. 1–200) were also taken, but not all of the time, and I had therefore an excellent opportunity of witnessing the specific effects of each of the three remedies. It was found that the addition of the atropine increased the patient's feeling of well-being; but during all this time my patient was perceptibly sinking, and if any change could be made for the better, it was immediately demanded. It was then

that I decided to try strophanthus, a remedy with which I was but slightly familiar at that time, having used it but once or twice previously, and then only temporarily. The remedy was at that time difficult to obtain; but I was fortunate in procuring a fresh supply, and immediately began its administration, in doses of two drops of the tincture every three or four hours, except when the patient slept. In the course of two days there was an apparent improvement in the condition of the heart, and at the end of the week there was a decided change for the better; but, as a matter of course in a case of this kind, which was hopeless from the beginning, the œdematous condition of the feet and limbs was not overcome. The general condition of the patient was manifestly changed for the better, and the medicine was reduced in frequency, as the indications for its use became less urgent. True, the case terminated fatally; but I am disposed to think that she was more comfortable, was made to feel more natural, and lived many days longer than she otherwise would had it not been for the judicious use of strophanthus.

Case II.—Late in the spring of the present year I was called on by a gentleman to see his wife, age 26, whom I found in the last stages of consumption; in fact, she died 12 days from the time I first saw her. She had given birth to her first child about four months previous, but had nursed the baby only a short time, her physician wisely advising her that it would not be prudent to do so. The child was fairly well-nourished, but gave no very encouraging promise of longevity. On my first visit the patient seemed very much taxed for breath, and it was with difficulty that I could take the pulse and temperature. The latter was but slightly above normal, but the cardiac action was so rapid that the best I could do was to make an estimate of one hundred and eighty to the minute, and I had serious doubts as to the probability of her living twenty-four hours. The following morning the temperature was 97.9° Fah., the pulse 144 per minute. The feet and limbs were considerably swollen, the stomach was in an extremely bad condition, and diarrhœa was a symptom which required attention. The respiratory trouble seemed to be the most aggravating of all the other ailments, although the throat came in for its share. Suitable remedies were ordered for the condition of the stomach and bowels, and for the bronchial irritation; and in addition to this she was to take one and one-quarter drops of the tincture of strophantus every three hours. As a result, the digestion improved, and a few days later she began to expectorate large quantities of muco-purulent material, the breathing became easier, and she felt more comfortable than she had for many days. The temperature never reached much over 100° Fah. in the evening, and was generally below normal in the morning, while the pulse was maintained at about 120 per minute after the first twenty-four hours, and was of good volume. The œdematous condition of the extremities quickly disappeared under this treatment, although no observations were made as to whether or not a larger quantity of water was passed.

The clinical evidence in this case is strongly in favor of the value of strophanthus, and although she died from exhaustion, it is a question whether the same or equal benefit could have been secured by the use of any other remedy under the circumstances that existed.

Case III.—A few weeks ago a gentleman, age 82, consulted me on account of swelling of the feet and legs, a condition which had appeared within the preceding few days, and, from his statements, did not seem to be due to exposure, nor to unusual exertion. It was about the close of the late heated term, and his age may have had something to do with it. It should be stated that the gentleman has been subject to rheumatism, and his shoulders are now so stiff that he is unable to dress and undress himself without assistance. The action of the heart was fairly good, but knowing his rheumatic tendency it was not difficult to detect indications of the approach of infirmities incident to old age. The urine was carefully examined every few days, and found to be normal, not even a trace of albumin. The age of the patient and the unfavorable condition of the weather both pointed to rest in the recumbent position and mild treatment, but the cautious use of the remedies indicated for the period of eight or ten days accomplished nothing, and he began to get discouraged. At this time he was placed on the tincture of strophanthus, four minims three times daily, and at the expiration of three or four days reported again, this time with his shoes and stockings on. He was greatly rejoiced that he could walk about again, and that the swelling had nearly all disappeared. The medicine was continued, the dose stated above being taken but twice daily, and I am happy to say he made a good recovery.

The foregoing case seems to me to be a characteristic one, in which the value of

strophanthus is fully shown. The heart needed a powerful tonic, the stimulating effect of strophanthus on the kidneys favored diuresis, and with appropriate rest the œdema rapidly disappeared, so that as soon as compensation of the heart was re-established nothing more was needed.

Case IV.—Mrs. L. was suffering from rhus poisoning, caught when out blackberrying on her vacation, but the poison remained for some days latent in the system, and when it did appear it came out with a vengeance. As usual, the ordinary remedies failed. However, the poison was fairly under subjection when choleriform diarrhœa set in, and, to cap the climax, she received a cablegram calling her to the bed-side of an invalid relative. All these things naturally produced considerable shock to the nervous system, that was manifested by the irregular and uncertain action of the heart, which intermitted every third beat, a decidedly uncanny condition for one who desired to take the steamer in three days. She was immediately put on strophantus, four minims three times daily, and the irritability of the bowels having been corrected, a restricted diet was prescribed along with suitable aids to digestion, and at the end of the two days, the cardiac action being regular, and without a break, she was in very good condition and quite ready to take the journey to the steamer.

Remarks.—It seems appropriate to make some observations as to the possible value of strophanthus in various cases which come under the eye of the physician, and the reader will pardon a second allusion to its action as a diuretic. In cases of fever, for instance, when there is great tension, the skin hot and dry, with the urine scanty and high colored, it is surprising how quickly we observe the diuretic action of a small dose of aconite frequently repeated. Yet the free perspiration which follows shows conclusively that the tension has been relieved, a physiological effect in many respects just the opposite of that produced by digitalis. I am aware, of course, that aconite is regarded as a diuretic, and that the claim is put forward that it not only increases the secretion of the watery parts of the urine, but also of the solid parts. But while aconite reduces, digitalis increases tension, showing that strophanthus may be substituted for digitalis as a diuretic when it is desired to avoid increased blood pressure. Probably this effect may be explained by assuming that in such cases there is too much tension, and that this condition being relieved, compensation is re-established, when cellular activity begins.

Again, it would appear to be a suitable remedy in ordinary cases of cardiac dilatation, or in those cases dependent on diseased conditions, such as the later stages of typhoid fever and pneumonia, in which alcoholic stimulants are indicated. From the investigations thus far made, there are good grounds for believing that it will in many instances be preferable to nux vomica and strychnine, and considering the cumulative action of digitalis, it seems far preferable in most cases to that drug. The danger from digitalis is, first, from the dose being too large, when the heart is arrested in systole; or, second, from small doses being too long continued, causing paralysis of the cardiac muscle, when the organ is arrested in diastole. True, it is claimed by some that there is no cumulative effect from the use of digitalis, and I have never seen it, although I have administered digitalis in doses ranging from one drop of the tincture three times daily to forty drops of the fluid extract at a single dose.

Patients in the later months of pregnancy who suffer from a flabby condition of the cardiac muscle along with œdema of the lower extremities, would no doubt be benefitted by the use of strophanthus, but I would not say that the presence of albumin in the urine would not be a contra-indication for its use. As a means of preventing collapse in producing anæsthesia, strophanthus promises to supercede the hypodermatic use of morphine and atropine, and as a remedy to prevent the depressing effects following the use of chloral and the bromides it will readily receive a warm welcome.

4719 Frankford Avenue.

Society Reports.

THE NINTH INTERNATIONAL MEDICAL CONGRESS.

First Day—Monday, September 5, 1887.

The Congress was opened at eleven o'clock in Albaugh's Theatre. Dr. Henry H. Smith, of Philadelphia, chairman of the Executive Committee, called the Congress to order and introduced President Cleveland, who opened the proceedings with a short address. He said:

"I feel that the country should be congratulated to-day upon the presence at our capital of so many of our own citizens and those representing foreign countries who have distinguished themselves in the science of medicine and are devoted to its further progress. My duty on this occasion is a very pleasing and a very brief one. It is simply to declare that the Ninth International Medical Congress is now open for organization and for the transaction of business."

Dr. Smith next proposed for President of the Congress, Dr. N. S. Davis, of Chicago. The motion was adopted unanimously.

President Davis now introduced the Hon. Thomas F. Bayard, Secretary of State, who welcomed the Congress in an elaborate address.

The welcome was responded to by Dr. Wm. Harris Lloyd, Inspector General, R. N., on behalf of Great Britain; Dr. Leon Le Fort, of Paris, on behalf of France; Prof. P. G: Unna, of Hamburg, on the part of Germany; Senator M. Semmola, of Naples, for Italy, and Sir Charles Reyher, of St. Petersburg, representing the Government of Russia. Dr. Unna spoke in German, and Drs. Semmola and Le Fort in French.

President Davis then delivered his opening address.

He first referred to the loss sustained by the profession in the death of Prof. Austin Flint and then passed on to a discussion of the present conditions of medical study and investigation. He advocated the increase and diffusion of knowledge concerning the conditions favorable to the propagation of contagious and infectious diseases and the general principles of the collective investigation of disease. He praised the usefulness of medical societies, and urged the importance of systematic study of meteorological conditions over extended tracts of country and long periods of time. He thought this could be accomplished by the medical societies in different parts of the country. He also thought it would be well to have in every medical society two standing committees, to one of which should be referred for critical examination every communication claiming to embody a new discovery in either the science or art of medicine, and the other should be charged with the work of devising such lines of investigation for developing additional knowledge as require the co-operation of different individuals and perhaps societies and of superintending their efficient execution until crowned with success.

He closed with a congratulation upon the great achievements of the medical profession.

Dr. J. B. Hamilton, Supervising Surgeon General of the United States Marine Hospital service, having been nominated and unanimously elected Secretary General of the Congress, took his place and nominated the gentlemen agreed upon as Vice-Presidents of the Congress, who were elected.

Dr. J. Solis Cohen, of Philadelphia, on the question being put, moved to amend and pointed out the uselessness of appointing to office a number of gentlemen who had no intention of being present. President Davis refused to receive the amendment, stating that it was too late now and that whether the nominees were present or not they had not declined the offices bestowed upon them.

Drs. William B. Atkinson, of Philadelphia, George Byrd Harrison, of Washington, and Henry Bangs, of France, were elected as Associate Secretaries; Dr. F. S. F. Arnold, of New York, as Treasurer; Dr. Richard G. Dunglison, of Philadelphia, as Chairman of the Finance Comittee; Dr. Henry H. Smith, of Philadelphia, as Chairman of the Executive Committee; and Dr. A. Y. P. Garnett, of Washington, Chairman Committee on Arrangements.

The following gentlemen were elected presidents of sections: A. B. Arnold, M. D., general medicine; W. T. Briggs, M. D., general surgery; Henry H. Smith, M. D., LL. D., military and naval surgery; De Laskie Miller, M. D., Ph. D., obstetrics; Henry O. Marcy, M. D., gynæcology; Traill Green, M. D., LL. D., therapeutics and materia medica; W. H. Pancoast, M. D., anatomy; J. H. Callender, M. D., physiology; A. B. Palmer, M. D., LL. D., pathology; J. Lewis Smith, M. D., diseases of children; J. J. Chisholm, M. D., opthalmology; S. J. Jones, M. D., LL. D., otology; W. H. Daly, M. D., laryngology; A. R. Robinson, M. D., dermatology and syphilography; Joseph Jones, M. D., public and international hygiene; A. L. Gihon, A. M., M.D., U.S.N., climatology and demography; J. B. Andrews, A. M., M. D., psychological medicine and diseases of the nervous system; Jonathan Taft, M. D., D. D. S, dental and oral surgery.

Secretary General Hamilton then read his report of the orginization of the congress and Dr. Garnett announced the social entertainments arranged by the committee.

After this the opening session adjourned.

Second Day, Tuesday, September 6.

The second day of the Ninth International Medical Congress was devoted to scientific work exclusively. No ceremonial similar to that at the opening of the congress will be observed until the close of the session on Saturday. At 10 o'clock this morning Albaugh's Theatre, where the general meetings are held, was so crowded by delegates that many of them were unable to find seats. They were attracted by the fact that Professor Austin Flint, of the Bellevue Hospital Medical College, New York, was to read a paper on "Fever, its Causes, Mechanism and Rational Treatment."

Dr. Flint is a son of the physician of the same name who was elected president of the present congress, and whose death was referred to by President N. S. Davis yesterday. Dr. Flint's elocution is perfect, and his manner of emphasizing points was such as to entirely hold the attention of the audience. This is the more remarkable, as the address was philosophical in its character, following with exactness the chemistry of his subject, and touching upon a number of physiological experiments which must sorely have puzzled some of his hearers from the backwoods.

Dr. Flint began by quoting, "Feed a fever; do not let your patient die of starvation." He then went on to condemn the old plan of depletion and insist on free alimentation. He pointed out that the life of acute disease was usually short and self-limited, and the object of treatment should be to afford sufficient nutritive material to make up for wasted tissue, and so keep the patient alive until the disease had run its course. Dr. Flint entered into a profound discussion on the evolvement of animal heat, and continuing his argument proved as the result of previous experiments on his own person that the body in health secreted more water than was ingested.

Professor Flint's Conclusions.

He then dwelt on the application of cold and the uses of antipyrin and antifebrin to cases of fever which might be regarded as typical of internal fevers, such as typhoid, as opposed to sunstroke, and concluded a paper, which seemed to be regarded as a masterly effort, by stating the following propositions:

1. Fever, especially in acute disease, is self-limited. 2. We are as yet unable to destroy directly the morbific organisms which give rise to the continued fevers; all that we can for the present undertake is to modify their action and their powers of development. 3. The production of animal heat involves the oxidation of fat, resulting in the destruction of tissues and the formation of water. 4. As regards its relation to animal nutrition and the production of animal heat water is to be counted as an excrementitious principle. 5. Fever, as observed in the so-called essential fevers, may be defined as a condition involving an excessive production of heat, with the production and discharge of an excessive amount of carbon, and the production and discharge of excessive amounts of water. 6. The more prominent symptoms of fever are, for the most part, secondary to the high temperature, the increased oxidation, etc. 7. The destruction of excessive heat by the application of external cold and the reduction of temperature by antipyretics, while they do not affect the cause of the fever, are beneficial in their influence to the extent that they modify the symptoms secondary to the pyrexia. 8. During a fever the severity of the symptoms is, in a measure, diminished by the introduction into the system of water. 9. Severity of the symptoms of a fever is in a measure increased by the withholding of water from the system. 10. Alimentation during a fever is mainly difficult on account of the derangement of the digestive organs, and this difficulty is to be met by the introduction of articles easily digested and readily assimilated. 11. In the introduction of the hydro-carbons important factors in the reduction of animal heat are attained; alcohol is the best representative of these principles. 12. Precisely in so far as it produces oxidation in the body, alcohol furnishes matter which is consumed in the excessive production of heat in the body. 13. Alcohol diminishes rather than increases the production of pyrexia. 14. As the oxidation of alcohol necessitates the production of heat, it should be given in such quantity only as will meet the demand of the system for nutrition. The slightest degree of intoxication must be avoided. 15. The great object is to limit and reduce the pyrexia by direct and indirect means, and to place the system in the most favorable condition for recovery after the disease shall have run its course.

The conclusion of the address was greeted with loud applause. Professor Semmola was down on the programme to read the next paper on Bacteriology, but President Davis announced that in order to permit the delegates to give more attention to the work of sections, but one address would be given each day. This action was advisable from another cause—the probability that Dr. A. Luteaud, of Paris, who was to have read an address on

"The Influence of American Gynæcologists on the Development of Gynæcology in Europe," may not be present, while Dr. Neudorfer, of Vienna, whose address on "Military Medicine" was down for Thursday, has not yet put in an appearance.

Attendance on the Sections.

The various sections were fairly well attended in the afternoon, with the notable exception of the important section on medicine, which seems to have been poorly organized. It had no morning session, and several other sections were almost empty in the morning. The programme of the various sections was not arranged beforehand, and there is much consequent annoyance. Many of the delegates preferred sight-seeing during the afternoon, especially as the heat has been intense. The Army Medical Museum attracted many of the foreign delegates, to whom its custodian, Dr. John S. Billings, is well known personally or by reputation, but he has not been seen at any of the meetings of the congress, general or sectional. Dr. A. R. Robinson, of New York, chairman of the section of dermatology, invited some of the more prominent specialists in his section to to dine with him at Willard's on Wednesday. This is the only entertainment by an officeholder which has come to notice so far.

Notes from the Sections.

The proceedings of very few sections of the Medical Congress will have greater professional interest than the section of gynæcology, over which Dr. Henry O. Marcy, of Boston, presides. In addition to reading papers in his own section Dr. Marcy contributes to the section of climatology and demography a paper entitled "Western North Carolina as a Health Resort."

Dr. Daly's Address.

Dr. W. H. Daly, of Pittsburg, president of the section of laryngology, in his opening address to his section, after greeting the foreign members, said among other things:

"We ought to congratulate ourselves as laryngologists, in this our second meeting, as an independent section of the International Medical Congress, and endeavor to have the work of this branch of medicine placed in every large medical body as an independent section, as the importance and growing excellence of its literature and valuable practical work deserves."

Some Remarks About Hay Fever.

"When one looks back to the state of laryngology in 1876, and makes a comparison with the present status of it, it becomes a matter not only of utmost interest, but of satisfaction and pride, to those who have been engaged in its study and advancement, to note what alone its cognate branch, rhinology, has done for the successful and rational treatment of hay fever, which, before the appearance of a paper which I read before the American Laryngological Association in 1881, calling the attention of the profession to some observations I made during a few previous years upon the local predisposing intra-nasal causes of this disease, the sufferers therefrom had spent a rambling sort of life in seeking immunity from what they can now in a large percentage of cases easily get cured permanently and surely, at home, by a proper rational treatment. I desire to say, however, that the lamented Hack and some other able workers in the same field claimed more for the plan of treatment I then advised than I ever did, as I then, in 1880, assumed to postulate. I still find it, after seven years, strongly tenable, viz: 'Whether we are warranted in believing any case of hay asthma purely a neurosis without first eliminating the possible causation due to local, structural, or functional disease in the naso-pharynx.' Therein clearly admitting that a proportion of cases were of the character of neurosis, but a far greater proportion still depended on a chronic intra-nasal disease, upon which the exciting cause, viz, pollen, etc., and other agents act with effect, and, second, without this intrinsic nasal disease the exciting cause is innocuous."

Dr. Daly referred also to the advancement of laryngology and its cognate branches.

The Food of the Soldier.

Dr. Jos. R. Smith, lieutenant-colonel and surgeon, U. S. A., read an interesting paper yesterday afternoon before the section of military and naval surgery and medicine on the "Food of the Soldier." He endeavored to show the difficulties in determining exactly, the least amount of food that will suffice for the soldier in the exigencies of service, and gave the rations of different armies and the diets devised by various observers and experimentors, comparing them and discussing their bearings. He showed that in general they err on the side of amplitude; that soldiers, as regards their demand for food, are to be classed in the category of active laborers; that besides the nutriment the food contains we must also consider cost, facility of transportation, and personal preferences in fixing a diet. He concluded that the soldier's ration should contain about 293 grains of nitrogen and 4,576 grains of

carbon, and that considerable variation in the relative proportions of these elements, as well as in those of the food principles and in the bulk of the food ingested, are consistent with health. He suggested two rations for armies whose mean proportions of nitrogen and carbon are N. 300 grains and C. 4,964 grains. Finally he emphasized the fact that sale, barter, and interchange of food, in practice, always give the soldier suitable variety of food.

Dr. Robinson on American Specialists.

Dr. A. R. Robinson, of New York, President of the section of dermatology and syphilography, gave the opening address.

After referring to the fact that there is no particular centre for dermatological study in America and hence no representative American dermatologist, he said, "returning from his European travels—'speaking a foreign language just as well as his mother tongue'—the would-be specialist is beset by temptations to which he too frequently falls a victim. With more medical journals in the land than are necessary for the publication of papers that repay one for their perusal, there is on one hand a demand for an article on some subject, it matters not what it be, by the editor, and, on the other hand, a desire to publish a paper by the specialist anxious for reputation and notoriety. The medical world at lesat must know that he is devoting special attention to a particular branch of medical science, and what plan so good as to write an article for a journal and by means of reprints scattered broadcast let the world know your specialty, name and address. A few repetitions of this procedure will, without fail, bring patients to the office and reputation among the mass of general practitioners. Why this latter is a result is not difficult to understand. As already mentioned, the college graduates usually have no knowledge of the so-called special branches, consequently any reprint, although it be only a compilation of previous articles by real workers—and very often they are even very poor compilations—appears to the busy practitioner to contain valuable information, and the author thereof as one having special knowledge of his subject.

"This mode of action is a very serious evil, and must and does bring discredit upon the specialists in that branch as a body. It is to be hoped that the protest that I now enter against this evil will not be in vain, and that in the future only such articles will be published as represent real contributions to the existing knowledge of the subject discussed."

He closed by expressing the hope, in view of past events, "that another International Congress will not be held in America until the profession in this country have shown by their actions a change of heart, and that they are prepared to subject the desire for personal gain to the proper, nobler, and more honorable feeling for the advancement of medical science and the relief of human suffering."

Proposed International Vital Statistics.

Dr. A. L. Gihon, U. S. N., in his address, yesterday afternoon, as president of the section of climatology and demography, referring to the expansion of medical science, said: "The Rome that was built on the seven hills beside the Tiber was but the central sun of that great empire, whose limits were co-extensive with human progress. So the medicine, which rested on the foundations of the seven chairs of the schools of fifty years ago was only the nucleus of that broad realm of science which to-day makes tributary every branch of human knowledge. To the outside world medicine is yet only the mercenary art of healing at so much apiece the maimed, and the halt, and the blind of the human race. It is still an inscrutable mystery to the masses that men who in their eyes are only tinkers of human mechanisms, where sweet bells are jangled out of tune, can really be earnestly striving to prevent these very ills whose coming brings them profit. The recognition of the subjection of human organisms to external influences which sanitary considerations have induced has brought climatological questions into prominence as medical factors—not in the restricted therapeutic sense, which has been so long the only medium through which physicians were ever expected to look, but as active forces in man's economy.

"The effects of climate," he said, "are not to be looked for in the prevalence of specific diseases with well-defined geographic limits. The question of acclimation considered, the climate of the United States unjustly denounced as pernicious, when in fact the most heterogeneous race elements are here being welded on a vast scale into intimate union, as nowhere else on earth."

He submitted to the consideration of the section resolutions declaring that in the opinion of the section "it is important there should be established in every country a national department bureau or commission for the record of vital statistics upon a uniform basis, to include not only accurate returns of births and deaths, but the results of the attentive investigation by government officials.

of facts bearing upon the natural history of disease as manifested among men, women, and children separately, especially with regard to climatic and other discoverable causes of the several forms of disease, that necessary preventive measures may be determined and enforced for the preservation of the public health." The Italian government, he said, has already made commendable progress in this direction.

Hospital Notes.

THORACIC ANEURISM — IMPROVEMENT BY REST AND POTASSIUM IODIDE.

REPORTED BY M. HOWARD FUSSELL, M. D.

In May, 1886, Michael E., 50 years old, carpenter, presented himself at the dispensary with the ready made diagnosis of rheumatism of the right chest and shoulder. Something about the man's appearance attracted my attention, and I stripped him, and found the following condition: Visible pulsation of all of the superficial arteries. Apex beat of the heart one-half inch outside nipple in sixth interspace, and at apex a loud double murmur was heard.

A very slight prominence was noted at the junction of right third rib and sternum, which plainly pulsated. There was dullness over the prominence with a very faint systolic whiff.

He complained of *pain* being in the region of this prominence, and radiating to arm and neck, and made worse by lying on left side. On questioning he acknowledged being short of breath on exertion. There was no œdema of feet, and no difference in pulses or pupils. Voice not changed. He was warned about violent exercise, advised to put himself under care in the hospital. This he refused to do, saying he was compelled to work.

He was put on potassium iodide 15 gr. t. d. In a week he returned feeling much relieved from pain.

I did not see him again until the latter part of July, when he presented himself in response to urgent word sent him to call. He was still working, and taking the iodide with almost entire absence of pain. He said he was well. He was again warned and urged to rest, but without avail.

He paid no more visits to the dispensary until July, 1887, over a year from his first visit. He said he had been well all winter, until sometime in January, 1887. When, after a hard day's work, he had excruciating pain in region of the tumor above noted, and it had suddenly grown to almost double its size. It continued to enlarge for about two weeks at the end of which time it appeared to him as large as at present. He was now suffering from extreme dyspnœa, amounting indeed to orthopnœa. A severe distressing cough, of the character peculiar to pressure on the air passage, numbness of right arm and hand, with some loss of power. Severe *pain* in region of tumor. A great prominence could be seen through his clothing in the upper part of his chest.

Since May, 1887, unable to be about his work. The prominence extended from clavicle on right side downward to third rib, and from midsternum to the margin of ribs. It was of dumb bell shape, measuring 5 in. in greatest diameter, 3½ in. over each enlarged end, and 3 in. over the constricted portion. Pulsated markedly, the pulsation being expansile and isochronous with systole of heart. Apex beat of heart in sixth interspace outside nipple, with a double murmur at apex; voice not changed, pupils equal, pulse weaker on right side than left, as markedly shown

by the sphygmograpic tracing taken at the time, and shown in the cut.

There was no thrill felt, nor bruit heard over the tumor.

Over the position of right bronchus posteriorly, the breathing both on expiration and inspiration was high-pitched and prolonged, showing evident constriction of that tube. Veins at root of neck much enlarged. As stated, his pain and dyspnœa were the most urgent symptoms. He was again told to rest, and has carried out the instructions fairly well. Was given Potass. Iod. in 20 gr. doses t. d., with result of relieving pain to marked extent.

He still refuses to enter the hospital. The rest, though by no means as absolute as desired, has had a good effect in markedly relieving his breathing. The action of the iodide in relieving the pain leaves nothing to be desired in that direction.

The sudden enlargement of the tumor was doubtless due to a rupture of one or more of the coats, and illustrates not only the danger of violent exercise in cases of suspected anuerism, but also shows that severe lesions of the arteries may take place without an immediately fatal issue.

189 Green Lane.

Editorial Department.

Periscope.

Remarks on Four Cases of Excision of the Tongue.

Dr. A. F. McGill made the following remarks which were suggested by the experience of four cases in which it has been necessary for him to excise the tongue.

These were all under my care in the Leeds Infirmary within a few weeks of one another. They illustrate the advantage that is gained by the performance of a preliminary laryngotomy, and the rapid recovery which follows excision by means of the scissors. The method of operating was the same, with slight modifications, in each case.

(1) Laryngotomy was performed, a tracheotomy tube introduced, and a sponge attached to a piece of tape pressed well back into the upper part of the pharynx. The advantages of a preliminary opening into the windpipe are so evident to any one who has operated in the cavity of the mouth with and without this procedure, that it is unnecessary to insist on it. It is however, I believe, more usual for surgeons to open the trachea than to perform laryngotomy. The latter operation has, in my opinion, the advantage that it is much more easily done, and that the resulting wound heals up much more quickly and leaves less scar. The sponge in the pharynx is in every way more satisfactory than the plugging of the trachea with Trendelenberg's tampon. It blocks up both the passage into the trachea and also into the œsophagus, and thus prevents the passage of blood into the stomach, and consequently the unpleasant and perhaps serious vomiting which blood in the stomach is apt to cause. The anæsthetic can be as easily administered without as with the tampon.

(2) To secure a good illumination of the cavity of the mouth, the position of the patient is changed, the head being raised and flexed instead of depressed and extended as it was during the performance of laryngotomy. Two cheek retractors are placed in the angles of the mouth, and secured by tapes tied at the back of the head. A gag is next placed between the molar teeth on one side, and opened to the full extent. The cheek retractors are of great use, because if the gag is used without them the width of the mouth is diminished instead of being increased, as is required.

(3) The tongue is next secured by a stout ligature passed through it, and is removed with scissors, as recommended by Mr. Whitehead. The frænum and mucous membrane being first divided, the muscles attached to its under surface and the various arteries are cut through. The arteries can be secured with great ease, and this having been done, as much or as little of the tongue can be removed as the peculiarities of the case require. The operation is one of such extreme simplicity that it is hard to understand why many surgeons still recommend the use of the ecraseur. The amount of blood lost is usually trifling, and never excessive or dangerous. It is seldom necessary to pass a stitch through the stump of the tongue and tie it to the teeth, as recommended by many authors, for the simple reason that it is generally advisable to remove the organ so far back that no stump is left.

(4) The after treatment is of great importance. The wound is filled with iodoform, which is rubbed thoroughly into all its interstices; it is then plugged with carbolic gauze, the meshes of which are filled with iodoform. The sponge in the pharnyx is not removed till all possible oozing has stopped—usually in six or eight hours. The tracheotomy tube is taken out in about twenty-four hours. The patient is, if necessary, fed with nutrient enemata and suppositories, but soon takes liquid nourishment out of a feeding cup, having a piece of india-rubber tubing attached to its mouth. The gauze in the mouth is changed twice daily for three or four days, when it is discontinued, and a gargle of permanganate of potash is kept by the side of the patient, who uses it as often as he feels inclined. He is usually sitting up out of bed within a week, and not unfrequently leaves the hospital in a fortnight. The following are short notes of the cases referred to above:

Case I.—J. W., aged 69. Epithelioma, involving the right half of the tongue, but not extending over the floor of the mouth; duration of disease, three months. He has been a very great smoker, using clay pipes.

19th Feb.—Operation performed as described above.

4th March—Left the hospital with wound healed.

Case II.—J. R., aged 57. Epithelioma of right side of the tongue, involving the floor of the mouth and the side of the lower jaw; disease first noticed two months ago, and is now rapidly spreading.

4th Feb.—It being necessary to remove a portion of the lower jaw and floor of the mouth in addition to the tongue, the operation was modified. An incision was made from the angle of the mouth outwards as far as the masseter muscle. The lower jaw was next divided in front and behind the molar teeth, and the included portion was removed with all diseased structures as far as the tongue. The tongue was then removed in the usual manner. During the operation there was considerable hemorrhage, and the advantage of the preliminary laryngotomy was well demonstrated.

On *15th Feb.*, a fortnight after operation, the patient was made an out-patient, with the wounds nearly closed.

Case III.—W. J. S., aged 53; admitted with a deep epitheliomatous ulcer, involving the greater portion of the anterior part of the tongue, and localized to it. Disease first noticed four months ago. Has been a great smoker, smoking more than half a pound of tobacco every week for many years past.

10th Feb.—Operation; stump of mucous membrane secured to teeth.

19th Feb.—Discharged, with the wound healed.

Case IV.—J. S., aged 68. Extensive disease, involving the whole of the tongue, and extending almost to the epiglottis. There is much difficulty in swallowing, he being unable to take solids. Disease of four months' duration.

17th March—Operation; bleeding slight, only one vessel ligatured. Left the hospital with wound rapidly healing on 28th March. —*Edinburgh Med. Journal*, August, 1887.

Pachydermia Laryngis.

With reference to the case of the Crown Prince of Germany, Professor Virchow read a paper before the Berlin Medical Society, on July 27th, on the disease which he terms pachydermia laryngis. After pointing out the mode in which the squamous epithelium extends from the pharynx to the vocal cords and its distribution in the larynx, he refers to the two conditions which he groups under the term pachydermia, these conditions being more or less allied to chronic inflammation. In both a greater or less amount of squamous epithelium is formed, the result in the one case being a flat, diffuse swelling of a great part of the surface towards the posterior end of the vocal chords, and the other a formation of warty growths—what are commonly known as papillomata, and usually situated towards the anterior ends of the cords. In these the hypertrophy of the epithelium is the chief element, the elongation of the papillæ being, according to Professor Virchow, a secondary process. The latter he terms pachydermia verrucosa. The following is the point on which he lays stress, as distinguishing these affections from epithelioma. He looks on all the cases as simple, local, and only superficially hyperplastic, in which he finds a sharp line of distinction at the base of the epithelial growth, separating it from the fibrous tissue beneath. Where, however, there is any trace of epithelium in the fibrous tissue, he considers the case suspicious. Neither the sessile nor the papillary swellings must show anything of an epithelial character below the borderline between the epithelium and connective tissue. If there is no epithelium beneath this border line, then, whatever may have happened on the surface in the way of papillary outgrowths, fissures, etc., he considers that the disease is local and benign. Appa-

rently the disease in the case which has excited so much interest belongs to the class of pachydermia verrucosa. The possibility of recurrence is great, but experienced laryngologists are convinced that, by continued removal of the growths, it is ultimately pos sible to get rid of the disease completely.—*Brit. Med. Journ.*, Aug. 13, 1887.

Removal of Large Encysted "Wedgewood" Ball Pessary from Vagina.

Dr. W. J. Beatty read the following interesting account of this case before the Edinburgh Obstetrical Society, 25th of May, 1887:

I have the pleasure of showing you to-day a large ball pessary which had become encysted in the vagina of an old lady, and which I enucleated and removed.

The history is as follows:

Mrs. H., aged 68, consulted me for enlargement in left groin, with an offensive discharge from vagina. She informed me that about sixteen years ago she suffered from falling of the womb, when she was examined by her medical attendant, who advised her to wear a ball pessary to keep the womb in position, and for which purpose he inserted a large wood ball pessary, ordering her to take it out every week and wash it. This she was able to do for about twelve months, but at the end of this period she failed to remove it, as owing (she says) to its greasy condition, it kept slipping from her fingers, and as she had left the town where the doctor lived who inserted it, she felt a delicacy about consulting another medical man, and feeling no inconvenience, she simply syringed out the vagina two or three times a week. She was always able to move the pessary until about six years ago, and has never suffered any inconvenience, except troublesome constipation, and latterly a constant desire to go to stool, until a month ago, when she felt a little pain in the left groin, and found a slight enlargement there, and about a week later had an offensive discharge from the vagina.

On examination I found an enlarged gland in left groin, and in the vagina a large round tumour only slightly moveable, situated to the left and posterior to the wall of the vagina, over which I made an incision and removed the large ball pessary which I now have the pleasure of showing to the members of this Society.

Remarks.—As to the enucleation of the pessary there was little difficulty, but I had considerable difficulty in removing it from the vagina,—the same difficulty, in fact, as my patient herself had, *i. e.*, its greasy condition, and being globular it kept slipping from my fingers, but at last by fixing it against the perineum with the fingers of my right hand. I succeeded in expelling it by external pressure on the perineum with the palm of my left hand.

In conclusion, I may add that since its removal the glandular enlargement has gone, constipation greatly relieved, and the constant desire to go to stool has quite disappeared.

The pessary had become quite soft, and I was able to make a section through it with an ordinary table-knife.—*Edin. Med. Journ.*, August, 1887.

Joint Diseases.

In the *Glasgow Med. Journal* for August 1887, Mr. Knox writes upon the treatment of the inflammatory diseases of joints, of which the following is an abstract:

The lines of treatment followed were, in brief, as follows:—

(1.) *Absolute rest* to the joint in every case. This was secured in most cases by the use of splints, in others by extension. At the same time any flexion or faulty position was remedied under chloroform.

(2.) If the disease was apparently advancing, but no great amount of degeneration had as yet taken place, *counter-irritation* over the joint was employed. For this purpose I used liniment of iodine, fly blisters, or the actual cautery.

(3.) If the disease was comparatively inactive or stationary, *sorbifacients*, especially Scott's dressing, with *pressure* over the joint and a *starch* or *plaster bandage* were used.

(4.) In all cases *cod liver oil and iron* were administered in appropriate doses.

(5.) *Nourishing food* of the best possible kinds, especially beef tea or meat soups, with milk. In some cases porter or malt extracts, and even whiskey, were of great benefit even to young children. I have not hesitated to give alcohol at times.

(6.) And, lastly, in suitable weather, I always try to get patients out into the open air and sunshine when they are able to walk, and if I had had little carriages or other conveniences I would have sent out some of those who could not walk, but might have been carried downstairs.

Under such a *regime* it is astonishing how many patients rapidly improve. The pain ceases, and the other symptoms begin to recede. It may take months or even years before a cure is effected, but given the time and the necessary attention, even in very bad cases, I would not despair of an ultimate cure.

Poisoning by Meat.

In May, 1885, about one hundred persons in Chemnitz were taken sick with similar symptoms after eating beef derived from the same source. The meat in question was undoubtedly eaten in a raw state, seasoned generally with salt and pepper, sometimes with the addition of onions and vinegar. In one case in which the meat was roasted, the persons eating it were not taken sick, though meat that was not completely roasted was still poisonous. The meat, as regards color, taste and smell, was not noteworthy, and moreover was completely consumed.

The symptoms took the form of diarrhœa and vomiting. In isolated cases, albuminuria was present. Convalescence was always tedious. One of the patients that died was a child in its first year, which had been well nourished, but by chance had received about a thimbleful of the meat. The pathological anatomy as seen at autopsies was that of beginning typhoid fever. The symptoms of the disease began generally in from ten to twelve hours. Nothing is known as to what the changes in the diseased meat were.—Flinzer. *Centralblatt f. d. med. Wissensch.*, July 23, 1887.

A New Method of Treatment of Erysipelas.

Ducrey remarked at the clinic of Prof. de Amicis, of Naples, upon the very successful treatment of erysipelas by means of injections of corrosive sublimate. Medicines were also employed. The strength used was one-hundredth of one per cent. and more, and injections were made some millimetres from the erysipelatous border and at a distance of three centimetres from each other. Externally, a one per cent. solution is employed upon absorbent cotton. Twice a day the dressings are changed and the injections are repeated, always in different places. By this method there is produced at once over the whole surface, a mild and slight eruption of blisters which mark the healing of the erysipelas, and which are to be treated with boric acid ointment or carron oil.—*Deutsche Med. Central-Zeitung*, July, 1887.

—Porous alum is prepared by evaporating the saturated solution of alum, freed from iron. and just before it is upon the point of crystallizing adding about one-fifth of one per cent. of sodium bicarbonate. The carbonic acid gas produced, when expelled by the heat, renders the mass porous.

Book Reviews.

"Neuerungen und Verbesserungen in den Applicationen der Fracturenbehandlung." By Dr. Aug. Schreiber, Augsburg.

This monograph is a treatise upon the latest and most improved methods of treating fractures. The author declares that many of these improvements have been unknown to German readers, because original descriptive papers were published in other languages, or, if in German, without illustrative cuts. The author certainly deserves great credit for the completeness with which the subject is presented, and the copiousness with which the work is illustrated. The work is to be commended to any one desiring a complete and yet brief summary of the latest advances in this branch of surgery.

REVIEWS OF PAMPHLETS.

—"Heredity in Tuberculosis" was the title of a paper read before the American Climatological Association, May 31st, 1887, by Frank Donaldson, M. D., Baltimore. We are glad to have a reprint of this encouraging paper. We say encouraging, because of the author's belief that the influence of heredity in tuberculosis can be overcome by hygienic measures adapted to special needs. The paper must be read to be justly appreciated. The concluding sentence deserves to be quoted: "*If the prophylactic treatment is thoroughly carried out, the hereditary and the acquired proclivity to phthisis may remain latent and the individual never contract the disease.*"

—Dr. E. C. Seguin's name is well known in connection with keen and critical studies of nervous diseases. The paper before us is called "A Third Contribution to the Study of Localized Central Lesions," and is a reprint of a paper originally printed in the *Journal of Nervous and Mental Disease*, Vol xiv., June, 1887.

The author presents two cases, the first referring to the face-centre, the second to the leg-centre. Both of these are accompanied by cuts showing the location of the lesions, and by the notes of the autopsies. This paper should be read in connection with Dr. Hurd's article upon Cerebral Localizations in the REPORTER for August 27th, 1887.

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N. A. RANDOLPH, M. D.,
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CHRONIC INCONTINENCE OF URINE OF CHILDHOOD.

The chronic eneuresis which occurs in childhood and early adolescence has not received the attention that it merits. This must be in part because parents are apt to think the child will outgrow the weakness, and in part also because the physician knows that treatment is often ineffectual, and therefore is not desirous of inviting failure by beginning treatment. In about half the cases, the disease is accompanied by some local pathological condition of the penis, or of the rectum. The most frequent local disorder is an adhesion between the glans and prepuce immediately in front of the corona. This varies in degree from a slight adhesion on one side of the glans, to one encircling the entire glans for about one-eighth to one-quarter of an inch in front of the corona. A greater degree than this is rarely seen. Other less frequent local disturbances, which may also co-exist with the first named, are phimosis, a long pendulous fore-skin, hypospodias, and a rectum impacted with fæces. Boys have been known to go two weeks, and longer, without defacating, and to be constipated to this extent quite regularly.

While local disturbances, varying in kind and degree, are to be met with in most patients, there are a number of cases which present no local manifestation of disease. In some of these the cause must be sought in the urine, and in others in organic or functional disease of the nervous system. Except in those patients who urinate at night under the influence of a dream, which makes them seem to be in the water-closet—except when, in other words, the trouble seems to be psychical—cases of eneuresis of nervous origin are very rebellious to treatment. On the contrary, where there exists a local tangible lesion of the penis or adjacent organs, the prognosis is much better.

In a recent paper before the Medical Society of the District of Columbia, Dr. Adams apparently recommended circumcision in all cases of redundant prepuce, whether this was associated with phimosis or not. Doubtless, his experience has been a large one, or he would not speak so positively. He states that he has only known one instance in which eneuresis persisted after circumcision, and in that case there was reason to suspect stricture of the urethra as a sequel of gonorrhœa. In the course of the past year in a large institution for boys in Philadelphia the result of treatment in twenty-five cases was reported. One of these was a boy (9 years old) who had been circumcised, but, as far as could be determined, without improvement of the eneuresis; while those due to phimosis, or, to speak more exactly, those accompanied by phimosis and adhesions, sometimes with priapism, showed the best results. The adhesions were broken up painlessly by the

previous local application of cocaine, and then the parts were anointed with olive oil. The best internal remedies were belladonna, the bromides, cannabis indica, ergot, strychnia and digitalis. In cases in which constipation was a prominent symptom, cascara sagrada with belladonna proved of greatest service. Their relative merit is fairly indicated by the order given. Suitable combinations of these drugs for special indications will readily suggest themselves to the practitioner.

PNEUMOTHORAX.

Dr. Samuel West, in the Bradshawe lecture delivered before the Royal College of Physicians, August 18, 1887, has given the profession a highly instructive paper, which is manifestly the result of much painstaking labor. He finds that phthisis is the cause of at least 90 per cent. of all cases of pneumothorax. If from the remaining 10 per cent. we exclude cases of gangrene and acute inflammatory, or traumatic lesions of the lungs or pleura, only 2 or 3 per cent. of all the cases are to be accounted for by causes not referable to the lungs. About one case of tracheotomy in every fourteen is followed by pneumothorax.

After insisting upon the fact at which he has arrived as the result of experimental researches, and which he has confirmed by clinical observation, that the lungs can resist a pressure represented by nine inches of mercury, and therefore a pressure greater than can be exerted by voluntary inspiratory efforts or by coughing, he concludes that the occurrence of pneumothorax is presumptive evidence of unsound lungs.

The author then proceeds to study the mechanism of the production of pneumothorax. He accepts as correct the statement that the elastic lung tissue has a tendency to pull the pulmonary pleura away from the parietal pleura, but then asks, why does not collapse of the lung always occur when air enters the pleural cavity? That it does not, is proved by ample clinical and *post-mortem* evidence. Rejecting, then, as untenable the supposition that pneumothorax occurs, but that the air is promptly re-absorbed, he details an elaborate series of experiments as a result of which he concludes that moist serous surfaces, when accurately approximated, offer a resistance to being pulled asunder considerably greater than the calculated equivalent for the normal elasticity of the lung. "Therefore, pneumothorax can be no longer regarded as a condition to which there is an inherent tendency in the healthy body, but, on the contrary, as a condition brought about by the forcible separation of the pleural surfaces, and in this respect exactly analogous to the distension of the subcutaneous tissue, whi h occurs in surgical emphysema; and, considering the frequency of subcutaneous emphysema, and the rarity of pneumothorax in simple fracture of the ribs, it would seem to follow as a corollary that the force required to distend the subcutaneous tissue must be less than that required to separate the layers of the pleura. Pneumothorax, therefore, so far from being, as it is commonly regarded, a passive process, and inspiratory in origin, is really expiratory in its initial stage, and requires an active force to produce it; and surgical emphysema, so far from implying, as Fagge asserts, the necessary antecedence of pneumothorax, may in reality be a protection against it, the air making its way in the direction of least resistance beneath the skin rather than between the pleural surfaces."

It is manifest, that when compression of the lung has once taken place, a certain force will be requisite to produce expansion again. How is this brought about? If fluid is contained in the pleural cavities, it may be removed by the pump-like action of respiration upon the lymphatics of the pleura; by being squeezed through the lung, and then removed by expectoration or absorption; or by absorption from the pleural cavity itself.

With reference to the removal of gases from the pleural cavity, there are three forces to be considered: diffusion, simple absorption, and absorption aided by chemical combination. As the rapidity of interchange of gases is great, it is probable that the force exercised may be far greater than is required for the expansion of the lung.

The prognosis of pneumothorax is unfavorable; about 90 per cent. of the author's cases died in the first month. When recovery takes place, it is in one of two ways: either by the gradual conversion of the pneumothorax into hydrothorax, or by the simple disappearance of the air. The mechanism of these processes is indicated above.

PYREXIA AND FEVER.

Before the thermometer came into use as an instrument for detecting changes of bodily temperature, fever was commonly looked upon by clinical observers as a complex of symptoms, among which quickened pulse and respiration held the most important places. Since clinical thermometry has come into general use, there has been an increasing disposition to regard pyrexia as the chief, and, according to some, the only evidence of fever, while acceleration of pulse and respiration are looked upon as results. There is danger of going too far in this matter. In some diseases, such as peritonitis, diphtheria, and meningitis (according to Fagge), there may be severe, and even fatal inflammation without pyrexia, though the pulse is often quickened. If we allow ourselves to believe absence of pyrexia to be evidence of the absence of severe disease, we will in a few cases fall into dangerous error. On the other hand, it is a matter of common observation, that children and those of an impressionable or neurotic disposition may have great pyrexia without serious disease.

With reference to the latter point, some recent experiments of Dr. Ott, of Easton, are of great interest. He has found that puncture of the brain in three points will cause fever. These points are respectively: the parts of the brain about the corpus striatum, the anterior inner end of the thalamus, and the point between the optic thalamus and the corpus striatum, near the median line, puncture of which, according to Schiff, induces a peculiar cry. Dr. Ott regards the function of this heat centre as inhibitory. It has long been noticed that there is in some diseases a sudden and uncontrollable rise of temperature, and the existence of a heat controlling centre, paralysis of which permitted this hyperpyrexia, was therefore inferred. It is not likely that pyrexia of nervous origin will be found accompanied by such emaciation as results from inflammatory fever.

Another point that it is well to bear in mind is that there is a disposition on the part of some writers to return to the old Hippocratic idea of pyrexia, and regard it, in septic and inflammatory diseases, as a conservative process by which nature gets rid of noxious matters in the blood. Fagge, who is an exponent of this view, refers to the fact that micro-organisms cannot survive when the temperature is raised above a certain point. Fagge is probably correct, at least in part. Certainly one cannot fail to be impressed with the occurrence of an apyretic crisis in pneumonia, sometime before the pulmonary consolidation has cleared up.

NOTES AND COMMENTS.

Stenocarpine.

Dr. Knapp sums up the results of experiments with the new local anæsthetic, Stenocarpine, as follows:

From the preceding and Dr. Claiborne's observations, it follows that Drs. Goodman and Seward have presented us with a new local anæsthetic that is very similar to cocaine, chiefly differing from it by its more powerful and lasting mydriatic property. This difference determines its range of applicability.

1. Everywhere, when dilatation of the pupil is desirable—*i. e.*, in all conditions that have a tendency to *congestion and inflammation of the iris*—stenocarpine, either alone or in combination with atropine, is beneficial, and preferable to cocaine.

2. Though its mydriatic effect be less persistent than that of sulphate of atropine, stenocarpine may be used with more advantage when in iritis there is increase of eyeball-tension, a *tendency to glaucoma*, and *when there is great pain*. Further observations have to show whether or not stenocarpine, as other mydriatics, leads to granulations of the conjunctiva. If it does not, it will be very valuable in cases of chronic iritis.

3. Stenocarpine is *inferior to cocaine* when we want anæsthesia without mydriasis, as is the case in the majority of operations—removal of foreign bodies, paracentesis and incision of the cornea, iridectomy, extraction of cataract—more especially when in this operation the iris is spared—operations on the conjunctiva, the lachrymal apparatus, and the eyelids. For an ophthalmoscopic examination, homatropine will be preferable.

4. If we want to be certain of a *complete paralysis of accommodation*, for which stenocarpine is as reliable as sulphate of atropia, stenocarpine deserves preference because its action lasts only half as long.

5. Applied *externally* to *an unbroken cutis, it produces no anæsthesia.* Observations to the contrary mentioned by Goodman and Claiborne must be owing to peculiar conditions which further experience has to determine.

6. *Small doses* (four drops) *rapidly absorbed* may produce *transient general symptoms*—pallor of the skin, cold perspiration, dizziness, stupor, fainting, nausea, and weakness. The same symptoms are produced by cocaine.

7. Larger doses cause the most *alarming general symptoms*—violent tetanoid convulsions, opisthotonus, dilatation of the pupils, excessive acceleration of pulse and respiration and prostration.

8. *Introduced into the veins*, stenocarpine is the *strongest poison*, causing death almost instantly by arrest of respiration and pulsation.

9. It is certainly dangerous to inject even small quantities into vascular tissues, such as the orbit, for instance; it appears even unsafe to inject it under the skin in quantities exceeding ten minims of a two per cent. solution—*i.e.*, about 0.01 ($\frac{1}{6}$ grain). We should also be on our guard if we apply it to an open wound during the progress of an operation.

10. *The symptoms of poisoning*, as has been seen from the above description, are like *those from strychnine.* The affinity of the two substances should be further investigated. The chemical tests for the detection of strychnine applied to stenocarpine have proved negative. The reflex excitability from stenocarpine is less than from strychnine, also its toxic effect is considerably less. I instilled into the eyes of a rabbit four drops, and into one eye of another two drops of a two per cent. solution of nitrate of strychnine. Both animals died from tetanoid convulsions in ten minutes. Ten and fifteen minims of a two per cent. solution of cocaine injected into the orbits of rabbits had no general effect.

The alkaloid stenocarpine was separated by Dr. Seward from the leaves of a tree growing in Louisiana, called the "Tear Blanket Tree." From its likeness to the Acacia stenocarpo *he dubbed* it stenocarpine.—*The Med. Record*, August 13, 1887.

Removal of Right Half of Lower Jaw by Slow Enucleation.

Dr. Joseph W. Howe sent a patient to the meeting of the N. Y. Path. Soc. (June 8, 1887), with the following history: Thomas R., 23 years of age, was admitted to St. Francis Hospital with the following symptoms: On October 4 he received a severe blow on the under surface of the chin, which exposed the bone. The wound was sewed up at St. Luke's Hospital, but failed to unite. The jaw afterward became very much swollen and painful, and he sought admission to St. Francis Hospital. Dr. Howe made an examination in the early part of November, and found an extensive swelling extending from the symphysis to the posterior part of the ramus of the jaw on the right side, and a small hole running up under the chin behind the jaw, which led to the dead bone. The teeth on the affected side were loosened, and the alveolar process stripped bare and rough and bathed in pus. Pressure on the outside, over the jaw, forced a quantity of pus out, both from between the periosteum and bone and external to the periosteum. The periosteum was separated along the upper line of the jaw back to the ramus, and in some parts had been completely destroyed. The lower teeth were removed from the jaw the following day, and a portion of the periosteum separated. This process of separating the periosteum from the bone was repeated at intervals for several weeks, while the parts were thoroughly cleaned and the patient's general health was kept up by tonics and stimulants. With the stripping of the bone, the periosteum gradually thickened so as to increase the swelling on the affected side. Three weeks previous to the first operation, he made a careful examination under ether, and separated the greater portion of the periosteum and other tissues from the bone. Pieces of lint steeped in carbolic acid and glycerine were placed on each side of the dead jaw, and the patient was allowed to return to the ward. More swelling and fever followed the operation. On the following Monday he completed the operation, removing the last attachment at the symphysis and pulling out the diseased jaw, leaving be-

hind a good basis for a new jaw in the ossifying periosteum. The slow enucleation of a diseased jaw is a comparatively simple process; very little force and very little cutting are required to remove it. The patient has now a new jaw, which has grown from the old periosteum.—*Med. Record*, Aug. 20, 1887.

Methods of Treatment of Prostatitis, with Especial Reference to Hypertrophy of the Prostate.

Among the different forms of prostatitis, Dr. Fischer of Munich (*Centralblatt für Chirurgie, No. 3, 1887,*) distinguishes that of youth, in which the genitals are over-used (*i. e.*, misused) from that of older individuals. The first always appears as an acute affection, and at times violent in its onset, with high fever, rigors, and even sopor, until the abcess in the urethra bursts, either spontaneously or from attempts at catheterization. Its cyclical course lasts about eight days, and repeats itself after a time. Often for many years one attack follows another in the same way, and finally ends in a cure. Occasionally, however, it passes into a chronic inflammation, with hypertrophy. The more chronic form in older people begins usually with catarrh of the gland, prostatorrhœa, and leads slowly to hypertrophy. According to Nussbaum, it is very characteristic of the affection that when the catheter can not be used, the bladder may only be emptied when the body is placed in a peculiar position, and indeed the position of the body which renders this possible, does not remain the same, but must be changed from time to time to effect the same result. We pass over here the well-known resulting conditions, and point out only the not infrequent occurrence of abscesses. During the treatment of prostatitis in its acute stage, after the regular course of treatment and along with the ordinary after treatment with iodine and bromine mineral waters, Nussbaum has used the cold ascending douche with great success; a treatment which, in chronic prostatitis and hypertrophy of the prostate, even in cases of long standing, is followed by the best results. Occasionally, among the better class of patients, this treatment may be advantageously combined with brine and sea baths either as full or sitz baths. He disapproves of all methods of treatment which have for their object the forcible dilatation of the narrowed portion of the urethra or the destruction of the gland, as well as all operations for extirpating the prostate through the rectum. Bottini's galvano-caustic treatment is, on the other hand, approved by Nussbaum, although the difficulties of the operation do not favor its employment. Notwithstanding the untoward results of parenchymatous iodine injections, Iverson's subcutaneous injections of ergotine are thought to deserve careful attention. It is not advised to make an opening of a prostatic abscess from the urethra because of the danger of making a false passage in catheterizing. The incision through the rectum or the perinæum deserves also the preference over puncture with a trocar. Maas's recommendation to divide the sphincter ani in severe cases is worthy of attention because of the opportunity thus given of applying antiseptic washes.

When there is retention of urine in consequence of hypertrophy of the prostate and the various methods of catheterization have been tried without success, the author recommends, according to Nussbaum's method, the puncture above the symphysis pubis, with the subsequent introduction of a Nélaton's catheter, and with antiseptic washing out in preference to the puncture for aspiration, in which latter washing out is not possible—a very important procedure, and one which ought frequently to be done. According to the author's observations, he has often succeeded, directly after the first operation, in introducing the catheter through the urethra; when, after the cure of the cystitis and the removal of the resulting inflammatory products, the prostate rapidly decreases in size, and the fistulæ are also soon cured.—*Journal of Cutaneous and Genito-urinary Dis.*, Aug. 1887.

Mud Poisoning on the Legs of Cattle Like the Western Black Leg.

The mud from creeks and pond holes gets in between the toes and irritates the skin, and also on the legs and inflames the skin. In a short time the skin will crack and then the mud and flies will cause the inflammation to become very severe and the cattle can hardly walk. The mud in the bottom of water holes and quagmires becomes poisonous with the decay of vegetation and the presence of the gases which fill the earth. The cattle should be kept out of the holes and their legs be washed with soap suds and smeared with salted grease. When the trouble has gone so far that the poison has been absorbed into the system then the animal should have doses of physic for a week or two and be fed oil meal or some other mucilaginous food. The physic should not purge but should keep the bowels loose.—*Farm. J.*, Sept. 1, 1887.

On the Treatment of Gout.

I have seen patients with albuminous urine and heavily loaded blood, apparently groaning under the weight of accumulated waste, die quickly and directly after the withdrawal or reduction of an accustomed supply of food and stimulants, although presumably both were in excess. I make it a rule, therefore, never to cut off any food or drink until the blood has been unloaded by elimination, and it is shown by clear and conclusive evidence that the food and stimulants habitually taken are not necessary in the particular case under observation, after a free outlet of nitrogenous waste and excess has been established. Meanwhile direct chemical treatment is adopted with a view to rid the blood of its nitrogenous burden.

The principal of this treatment is the elimination of uric acid. I venture to differ, though with much respect, from the received authorities on the treatment of gout. I do do not give alkalies to neutralize the acidity of the urine, nor do I offer the uric acid in the blood a base such as soda or potash with which to combine. It is, I think, preferable to break it away from the combinations into which it has already entered, and while providing a large quantity of fluid to wash it out of the blood, and through the kidney in solution, to avoid increasing, but on the contrary try rather to diminish the deposits of urate of sodium with which the attack of gout is associated. With this view I give iodine in the form of a tincture with glycerine; an infusion of serpentaria, or pure water, being employed to dilute it. The clinical effects of this treatment are almost uniformly these: the strength is maintained, while the irritative fever is lessened, the pain is relieved, and the swelling is reduced. These happy results are, I believe, brought about by the simple process of rapidly ridding the blood of the uric acid, together with other products of imperfect metabolism. The urine becomes increasingly acid by reason chiefly of the elimination of oxalic acid with the uric, and it is either increased in quantity, or is more dense, without being increased, rapidly throwing down a shower of uric crystals. Under the most favorable conditions the total quantity of urine passed is simply immense, and its burden of uric acid is *proportionally* (i. e., to the total quantity excreted,) increased. The primary effect of its increasing the acidity of the urine lasts four or five hours only, and side by side with it there is an amelioration of the symptoms. I have in no instance, for some years past, in fact since I have treated gout by this directly chemical method, had occasion to use colchicum or any sedative. The relief afforded has been immediate and effective. The only cases which have baffled my endeavor have been those in which morphia had been largely used previously to the attack or exhibited in it. I cannot tell why this effect should be produced by morphia, but it undoubtedly seems to antagonize the treatment and render it useless. The *rationale* of the use of iodine in gout is, I believe, as above stated, in the main a separation of the uric acid from its bases, but I am not sure that there is not also some destruction of the uric acid affected by its agency. As these are simply notes on treatment, I will not attempt the discussion of the chemical question this conjecture would raise. Suffice it to say that the practical results gained by the method in my experience, at least, surpass those attainable by other procedure, and, which is of considerable moment, the patient not only suffers less than usual during his attack, but his convalescence is shorter and the paroxysm is not so soon followed by another, when it is thus treated. Moreover in the interval, he is not compelled to live the life of an invalid, and by the occasional use of the same remedies the deposits in and around his joints—which must, I think, be always regarded as unexploded shells left from previous wars—are progressively broken up and removed by the action of the iodine circulating in the blood. By a careful examination of the urine from time to time for quantity, specific gravity, acidity, urea, and uric acid, a fairly precise knowledge of the progress of the case may be obtained; and after watching a considerable number of cases for some years, I cannot doubt that the method of treatment adopted is, on the whole, the most satisfactory.—Dr. Mortimer Granville, *Braithwaite's Retrospect*, July, 1887.

—Owing to the transference of Prof. G. Baumgarten from the chair of Physiology in the St. Louis Medical College to that of special Pathology and Therapeutics, the duties of the former position will be fulfilled by Dr. Wm. Townsend Porter, with the title of assistant professor. Dr. Porter is a most meritorious man and conscientious worker, and will undoubtedly perform the duties of the chair with diligence. During the last year he has been pursuing physiological studies in the laboratories of the University of Pennsylvania and the Johns Hopkins University.—*Weekly Med. Rev.*, August 20, 1887.

Spontaneous Absorption in the Empyema of Children; the Relative Advantages of Aspiration and Early Incision in Children.

Dr. L. Emmett Holt read a paper upon this subject before the N. Y. Academy of Medicine, May 19, 1887, in which he discussed these two points. The prognosis was much better in children than in adults. This depended upon the fact that the ætiology differed at the earlier and later ages. In adults empyema occurred commonly in tuberculosis, which was not the case in children. Spontaneous absorption took place very rarely; he had been able to find but two recorded cases in which the diagnosis had been proved by the withdrawal of some of the pus. It was evident that in children the chances of recovery from empyema by nature's unaided effort was not great. One of the conditions of cure of an abscess, wherever located, was that the walls should come in contact. This was accomplished in the chest by expansion of the lung, for the outer wall was unyielding. The more rapidly and completely the expansion took place, the quicker the recovery. The indications for treatment were to get rid of the pus by the easiest, safest, and most thorough means as early as possible. He would discuss only aspiration and incision with drainage. Puncture with the trocar and siphon drainage was an incomplete form of drainage, and could not easily be carried out in children. The advantages of aspiration were: its simplicity; with ordinary skill and clean needles, its freedom from danger; the fact that the fluid was not removed rapidly, so that gradual expansion of the compressed lung was favored; the absence of any necessity of confinement to bed or of general anæsthesia; and the cure of many cases by it alone, the fluid after one or two aspirations becoming serous and then being absorbed rapidly. But there were some very obvious objections. Not all the fluid could be removed. One sac might be emptied when another was not touched, whereas by incision and insertion of the finger the septa could be broken down. There were also certain cases in which aspiration was not applicable, as where the pus was of a septic nature, or associated with gangrene of the lung, or contained much clot.

The advantages of incision and drainage were pointed out, and then the use of general anæsthetics was considered. The author had twice known rupture to take place in a bronchus while the patient was unconscious, and death to result from suffocation. Both these cases were in adults. But local anæsthesia could be relied upon. It seemed that cocaine would suffice. The results of incision and drainage had been much improved in the recent statistics. He had collected eighty cases treated by antiseptic incision in which the duration of the discharge had been given. In five cases it was four months or over; in the remainder it averaged six weeks. In twenty-one cases, mostly cases of early operation, the duration was a month or less.

The author drew the following conclusions: 1. All methods of treatment of empyema in children yielded better results than in adults. 2. It was never justifiable to leave a case to nature. 3. Aspiration held out a reasonable prospect of success in cases of localized empyema, but a very slender one when the exudation was general. 4. If, after two aspirations at the most, pus accumulated again, showing no tendency to change to serous effusion, aspiration should not be persisted in. 5. In a case of large effusion, one aspiration might be done as a preliminary to a cutting operation. In all other cases a free incision should be made as early as possible.

In the discussion which followed the reading of the paper, Dr. A. L. Loomis said that he had been accustomed to regard the pleurisy of children as a very different affair from that of adults. Acute suppurative pleurisy in children was of a very common occurrence. In fact, whenever he found fluid in the chest of a child, the chest becoming pretty rapidly filled, he was pretty certain that it was purulent, not sero-fibrinous. According to his observation, suppurative pleurisy in the adult was in the majority of cases a dangerous thing, and rather rapidly dangerous. He had come to recognize it as infectious pleurisy in almost all instances. He had rarely found acute suppurative pleurisy in the adult without also finding some acute pneumonic disease in the opposite lung. He had seen the pleural cavity become filled with pus to its utmost capacity within twenty-four hours. And it seemed that the constitutional disturbance and fever went on in the same degree after removal of the fluid as before. We had to contend at this time with an acute disease which could not be removed simply by withdrawing the products of inflammation. But after the subsidence of the acute process, when the case became one of simple empyema, the chances of effecting a cure were decidedly in favor of treatment by incision. He thought the incision was of no benefit at the beginning of an acute suppurative pleurisy. He believed the cases were at the start fibrinous pleurisy, but with-

in twenty-four hours afterward the chest cavity might be filled with pus.—*N. Y. Med. J.*, Aug. 27, 1887.

Dr. Kraske's Method of Treating Erysipelas.

Dr. Classen describes the plan of treatment which was found to be so successful in a recent epidemic of erysipelas. A number of incisions were made into the affected part, so that one-half their length passed beyond the inflammatory region into the surrounding healthy skin. These were crossed very acutely at ½ cm.'s distance by another series of incisions, so that the points of crossing were close to the edge of the erysipelas. If a part of the trunk, as, for example, the mamma, was affected, the whole portion was encircled by radiating incisions, crossed very obliquely by others. If the disease attacked an extremity, it was surrounded by a ring of incisions, because experience taught that if a bridge of intact skin were left between the cuts, the inflammation quickly crept along this, and spread extensively about the limb until it was limited by other and more carefully made incisions. The author thinks that although the treatment was applied in his own cases to superficial erysipelas, it is undoubtedly applicable to the deeper parts, the scarifications being then made into the subcutaneous tissue.—*The Med. Chronicle*, Aug., 1887.

Parson's Local Anæsthetic.

Chloroform	12 Parts.
Tr. aconite	12 "
" capsicum	4 "
" pyrethrum	2 "
Oil cloves	2 "
Camphor	2 "

Dissolve the camphor in the chlorform, then add oil of cloves, and then the tinctures.

The venerable Dr. Parsons, in sending this formula for publication, says: "I cannot expect to remain much longer in this world, and I want the profession to know the value of this local anæsthetic."—*The Southern Dental Journal*, July, 1887.

The Question of Consciousness after Decapitation.

Not long ago we referred to certain investigations of this question in France, in the case of the lower animals. In a recent issue of the "Progrès médical," M. Paul Regnard and M. Paul Loye give an account of their observations in the case of a criminal beheaded at Amiens. They concluded that there was no sign of conscious life at the end of two seconds, but, by irritating the cornea, they were able to evoke reflex movements up to the sixth second. The contractions of the cardiac ventricles continued for twenty-five minutes, and those of the auricles for an hour. The death was calm and without agony, contrary to what one of the authors has observed in the lower animals, and was due not to asphyxia, but to an inhibition analogous to that studied by Brown-Séquard in animals that died of the effects of certain irritations of the nervous system.—*N. Y. Med. J.*, July 30, 1887.

Correspondence.

A Formula for Lithuria.

Eds. Med. and Surg. Reporter:

℞	Liq. ammoniæ citrat	℥ jss
	Sodæ phosphatis	℥ jss
	Acidi salicylic	℥ jss
	Ferri pyrophosphati	℈ ij
	Glycerini	℥ ij
	Elixir aurantii	℥ vj
	Aquæ q. s. ad	℥ viij

S.—Mix in the order of the formula, shake well, and give a tablespoonful every 3 or 4 hours.

I have found no prescription superior to this in cases of lithuria, and in uric acid diatheses attended with gouty and rheumatic symptoms; and under such circumstances, the mixture is much improved by the addition, to each dose, of twenty drops of wine of colchicum. In combination with drachm doses of either of the fluid extracts of pariera brava, or dog grass, it has served me well in chronic cystitis, gonorrhœa and leucorrhœa. The fluid ext. of pichi, in suitable doses, has also, proved an excellent addition to the formula in the treatment of mucus discharges from the urinary organs.

J. B. Johnson, M. D.
Washington City, D. C.

—A complimentary dinner was given, under the auspices of the German Medical Society, of Philadelphia, to Dr. Carl Seiler upon his return from Europe, at the St. George hotel, on Friday evening, Sept. 2.

—It is asserted by an exchange that many thousand tons of pea-nuts are imported into the ports of France annually for the manufacture of oil, and the residue, after the oil is expressed, is used for adulterating cocoa in the preparation of chocolate confections.

News and Miscellany.

A Move in the Right Direction.

The announcement recently made by the College of Physicians and Surgeons of New York to the effect that, beginning with the session of 1888–9, and thereafter, it will require preliminary examination of matriculants who do not hold diplomas or certificates from recognized colleges or schools of science, should be hailed with satisfaction by the profession.

If anything is needed at the present time it is a reform in our present system of medical education. Under the exercise of old custom students of any and every grade of preliminary training have been freely admitted to courses of medical instruction by nearly every medical school in this country. With absolutely no safeguards thrown around the study of medicine, it is not a matter of surprise that the ranks of the profession of medicine are filled with ignorant, illiterate and imcompetent men. The extent of this ignorance and illiteracy can only be appreciated by those who have the means of coming into contact with large numbers of medical practitioners. To the medical editor these revelations of incompetency are frequent and appalling. We are frequently in receipt of communications from medical practitioners which display such illiteracy and ignorance that we cannot but regret that their prior general training was so utterly deficient as to defeat their usefulness in professional work to a very great extent. Whilst we admit that an occasional man may make an excellent practitioner with a very small knowledge of the language he speaks, this argument will only hold good in such exceptional cases as make it a dangerous precedent. Other things being equal the better preliminary education the medical student has the better is he equipped for the study and practice of his profession. He should at least have a good knowledge of his own language and some acquaintance with Latin and Greek, but especially the former. He should know something of elementary mathematics, including arithmetic, algebra and plain geometry, and should have some acquaintance with general history and modern literature. Those young men who have not enjoyed the advantages of preliminary instruction to the extent here indicated should be discouraged by their preceptors from studying medicine and should be refused admission to our medical schools until they have passed a satisfactory examination on these branches.

The action of the College of Physicians and Surgeons of New York in requiring a preliminary examination is a move in the right direction and we trust that their example will be the means of inducing other schools to adopt this course.—*Maryland Med. Journ.*, August 13, 1887.

An Epidemic of Convulsions.

A curious outbreak of convulsionist's mania, analogous to those which occurred from time to time during the Middle Ages, is reported by a foreign contemporary to have shown itself at Agosta, in the province of Rome. For some weeks past the country people have been laboring under the delusion that the district is under the immediate government of the Evil One, and before retiring to rest they carefully place on the threshold the broom and the salt, which are credited with the power of keeping off evil spirits. Many of the younger women have epileptiform attacks, during which they utter piercing shrieks, and are violently convulsed. So serious had the condition of things become, that the syndic of Agosta found it necessary to inform the Prefect, who sent detachments of soldiers into the district in order to calm the apprehensions of the inhabitants. The contrast between this strictly physical way of dealing with the disease and the more imposing but less effectual religious ceremonies formerly employed must be interesting to historical students. As a natural consequence of this condition of mental perturbation, the country is overrun with quacks who claim to possess the only infallible remedy for the seizures. One of these nostrums, the vendor of which was making a rich harvest from its sale, was found on analysis to consist of earth, snuff and borax. Three medical men who were commissioned to investigate the cause and nature of this extraordinary affection, came to the conclusion that it was an epidemic of hysteria. They examined a number of the sufferers, mostly young women, some of whom were alleged to have vomited nails, horse-shoes, and other equally indigestible substances, while others barked like dogs. Several of them were removed to Rome for treatment in the hospitals there, and measures have been taken to check the spread of the mischief. In a milder degree, this contagious form of hysteria is not infrequent, especially in places where ignorance and superstition favor manifestations of nervous disorder. The worst excesses of popular outbreaks, like

the French Revolution, have been attributed to similar influences, and with every appearance of justice.—*Boston Med. and Surg. Journal*, August 18, 1887.

Female Medical Students.

A humorous piece of versification recently published in a contemporary, describes the pitiable condition of a north country "coach" on being applied to by a female student to give her private lessons in anatomy. The gist of the humor resides in the bashfulness of the grinder, who was eminently desirous of restricting his lessons to things which in his estimation were "consistent wi' propriety." As a joke, the sentiment is commendable, but when it is brought into real life it becomes ridiculous. Men who have studied abroad can bear witness to the fact that it is at least as easy to study anatomy, or any other department of medical education, in the society of female students, with the most perfect propriety, as it is to perform gynæcological or obstetrical operations in an operating theatre with the assistance of the nurses, without any mental qualms. So long as separate courses of study are insisted upon for the two sexes, so long necessarily will a certain amount of diffidence mark the manner of both when they come together in after life. We are, however, ready, to confess that so far as our experience goes, the diffidence has generally been more marked on the part of the male than on that of the female student, and this fact is explained by the latter having schooled themselves to ignore everything not having a scientific bearing. Female medical students do not belong to that category of young ladies, one of whom is reported to have fainted on being told that a man was looking at her with a naked eye.—*Med. Press and Circular*, July 20, 1887.

The Mummy of Sesostris.

The following particulars of the examination of the remains of Ramses II., made by Dr. Maspero at Boula possess a certain interest: "When the bandages were removed, after the lapse of some three thousand years, the body was exposed to view. The summit of the cranium was denuded. The hair, scanty on the temples, was plentiful over the occiput, and was stained of a yellow color. The forehead was low and narrow, the eyebrows prominent, the eyelashes white and thick, the eyes were small and near together, the nose long and thin, and flattened from the pressure of the wrappers. The temples were depressed, and the cheek-bones well marked; the ears stood out from the side of the head, and were pierced like those of a woman. The mouth was small, the lips thick and fleshy. It was filled with a dark-colored paste, on removing which some friable teeth were visible, which, though worn, were white and well preserved. The beard and moustache appeared to have been allowed to grow only during the last illness or after death, the hairs being about an eighth of an inch long. The skin was of an ochre color, with black stains. Nevertheless the face gave a very fair impression of what it must have been during life, not too intelligent, even rather vulgar, but indicative of pride, obstinacy, and domination. The other parts of the body were not less well preserved than the head, but the desiccation of the soft parts had materially affected their outline. The neck was reduced to the diameter of the vertebral column; the chest was broad and the shoulders high. The arms were crossed over the chest, and the hands were delicate and stained. The wound through which the embalmers had removed the viscera was extensive, and was situated on the left side. The genital organs had been removed with a cutting instrument. The thighs and legs were emaciated; the feet long, thin, and flat. The corpse was evidently that of a robust and vigorous old man."—*Med. Press and Circ*, Aug. 17, 1887.

Counter Prescribing.

If Health Commissioner Dudley finds the time hanging heavy on his hands during these piping days of health and freedom from epidemic and endemic diseases in the city, we sincerely hope he turn his attention to an evil that has been steadily growing in St. Louis and which has become almost universal with a certain class of local druggists. We allude to the habit of counter prescribing, which is indulged in to an extent that is scarcely credible to those who have not examined into the matter. We do not, of course, refer to the administration of well-known remedies in the simpler ailments of life, the recommendation of a cough mixture, diarrhœa remedy or tooth-ache drops; but to the custom of diagnosing and prescribing for almost any and every ailment that is brought to their notice by prospective patients. From long immunity these fellows have, some of them, become so bold that it would seem like an easy matter to fix the offence upon them sufficiently clearly to bring them under the penalties of the law concerning unregistered physicians.—*St. Louis Med. and Surg. Journ.*, Aug., 1887.

Read Medical Journals.

Dr. T. L. Brown writes as follows to the *Med. Advance*, August, 1887: I secured a very important case, many years ago, and through this one case a number of others were brought to me. I never knew until months afterwards how I happened to be selected. It was in this way: One night, at quite a late hour, I was called to see the family of a prominent New Hampshire official, temporarily staying in our town, to whom I was a perfect stranger. After I had discharged myself, and quite a while afterwards, I learned that as soon as this gentleman found that he required a physician, instead of asking the landlord of his hotel, or appealing at some drug store for the name of a doctor, he took a carriage and drove to the house of the postmaster. "I want a doctor," said he. "Tell me which one of the doctors of this city takes the largest number of journals?" The postmaster referred him to me. As the gentleman was leaving the house he said to the postmaster: "A man who takes the journals of his profession is well read and up with the time, and that is the doctor I want to treat me and my family."

Physical Condition of the St. Louis Police Force.

Dr. George Homan, whose eminent capacity to judge and absolute impartiality no one who knows him will doubt for an instant, declared in a paper read before the Medico-Chirurgical Society of this city a few days since, that out of the entire police force of St. Louis, numbering 482 men, rank and file, less than one hundred are physically qualified to stand the strain of emergency duty should they suddenly be called into service. He classifies the force as follows: Superior to good, 3; good, 82; good to fair, 181; fair, 116; fair to doubtful, 40; doubtful, 17; doubtful to unsound, 19; unsound, 12; unsound to bad, 1; bad, 2. Of the nature of the maladies and disabilities found to exist, Dr. Homan says: "While in certain of these affections and conditions the consequences of hard, honest police service were to be seen, in others their occurrence pointed to medical examinations not sufficiently strict, to heedless appointments by those in power, or to intemperance or licentiousness on the part of the person affected." The importance of this subject justifies the publication of this report in full in the secular papers of the city, and the thanks of the citizens are due to Dr. Homan for the exposé thus made.—*St. Louis Med. and Surg. Journal*, August, 1887.

An Unhappy Mistake.

An occurrence is reported from Paris as deplorable in its way as any of which we have heard of late. Two children were sent to a hospital suffering from variola, both of whom were called Georges. For obvious reasons the parents were forbidden to see them pending treatment and convalescence. One of the children died soon after admission, and the decease having been duly notified to the parents, the interment was proceeded with. After the lapse of some weeks the parents of the survivor were informed that they could fetch their child, but on a messenger being dispatched for this purpose, the identity was disputed, and after some delay it was discovered that the bed cards had, by some mishap, been changed, and that the child really belonged to the other parents who had been informed that their infant was dead. It is needless to dwell upon the gravity of such a mistake, which could not fail to have caused great and needless pain to both parents. It is greatly to the credit of the hospital administration that this is really the first time that such a case has presented itself, for the system lays itself open to such errors. It has been suggested that in view of the disfigurement caused by diseases such as variola, it would be eminently desirable to provide each patient with a bracelet duly numbered by means of which the identity might be assured. An unworthy attempt has been made to throw the discredit of this regretable accident on the institution of lay nurses, but it is evidently the fault of the system rather than that of individuals.—*The Med. Press and Circular*, Aug. 17, 1887.

Poison Fangs and Glands of the Mosquito.

The general arrangement of the mouth of the female mosquito is well described by Dimmock on "the mouth-parts of the *Diptera*." The under lip is a large hairy tube, 2 millimetres long, open above, and serving as a sheaf for the piercing apparatus, whilst it is itself terminated by two sensitive labellæ, and by a central lancet like ligule. Within the structure of the sheath are a large nerve, a pair of longitudinal muscles, and many oblique muscles, two large tracheæ by which air can be admitted (so as to distend the organ as in *Musca*), and long filiform tendons which arise at the base of the sheaf and support the terminal labellæ.

The piercing apparatus is enclosed during rest in a strong-pointed upper-lip (*labrum*) which is grooved inferiorly for their reception, and which along with them is received into the sheath-like under-lip. Within this labrum are the two maxillæ, very sharp and barbed near the tip, and able to play back and forward like saws; also two mandibles, a fine styliform hypopharynx, a delicate sheath for the front segment of the œsophagus, and œsophagus itself. The last named organ is received within the head into a strong box-like pharynx, which is well supplied with muscles and is a suction organ. The pharynx draws in blood (and probably vegetable plasm), which it transmits by the long post-pharyngeal part of the œsphagus to the stomach lying in the abdomen of the insect.

The poison apparatus, which hitherto has been an unknown quantity, is connected with two mandibles. Each mandible has a large funnel-shaped base, into which is inserted the end of a poison-duct. The thickened axis of the mandible is pierced by a fine canal, which opens just below the sharp apex. The structure reminds one of a bee's sting, saving that it is duplicated. We can by pressure drive out some of the contents and observe them issuing at the sub-terminal orifice. It is probable that when the lancets pierce an object this fang-like mechanism may, by pressing on its base, automatically discharge a portion of the poison. The poison seems by inflaming the tissues to determine a flow of blood, and also to prevent the coagulation of blood or other proteid. (The blood subsequently coagulates in the mosquito's stomach.)

The poison duct resembles a trachea in being transversely striated, but differs by the uniform diameter of its tubule of about 6 micromillimetres, by the absence of fine ramifications, and by the great thickness of its wall. The two ducts, proceeding one to each mandible, arise by the bifurcation of a common duct in the region of the neck below the œsophagus. Behind this the difficulty of dissection is considerable, as the parts are so small that they cannot be followed with low microscopic power; they are greatly entangled among the large muscles, tracheæ, and other furniture of the prothorax, and they are easily torn so as to be lost to the search. I have succeeded, however, by working back from the neck, in spreading out the entire system. The common duct arises from three prothoracic glands, all sessile on its lower extremity like the leaves of a trefoil, each supplied with a pre-current duclet, the three duclets meeting at a point so as to form the common duct. The glands are each about one-third of a millimetre in length and one-twenty-fifth in diameter. The two lateral glands are of the usual salivary kind common to insects. The central or azygos gland is entirely different, scarcely lobed, but being a mass of brown evenly distributed granules, with oil-like globules intermingled, its ductule having finer walls than the lateral glands. We may regard this as emphatically the poison gland, but the intermingled products of all three have their only outlet by the common duct, and thence by its two branches to the mandibles, which therefore play the part of "poison-fangs."

Some tentative notes recently given before the American Association involved inaccuracies, which are here rectified and the work completed. Measurements given above are from a small species which may perhaps be identified by its maxillary palps being as long as the maxillæ themselves. They seem to be the same for all the common species.—G. MACLOSKIE, in *Science*, Aug. 26, 1887.

Increasing Danger of Tape-Worm.

In the Texas grazing region, from which has sprung, within the last two decades, the entire stock of range cattle of the western states and territories, the beef tape-worm is a most common occurrence. In fact I do not believe I exaggerate when I say that at least every fifth person is afflicted. The cause of this is that on open ranges the eggs of tape-worm are most easily and widely distributed, and hence the cattle more frequently become infested with cysts. Stall-fed cattle, on the other hand, where the water is usually less subject to contamination, and the food cleaner, are only seldom infected, and hence tape-worm was not so prevalent in regions where the latter were used.

In the last few years, however, the shipment of range-cattle, by means of refrigerator cars, has become the chief beef supply of the East, and the danger and frequency of tape-worm greatly increased. Of course, no one should stop the use of well-cooked meat on this account, but rare and half-cooked meats can easily be avoided.—R. T. H., in *Science*, Aug. 26, 1887.

Almen's Test for Sugar.

Professor Almen, of Upsala, has improved the old bismuth test for sugar. He prepares a solution which is said to have the advantage of remaining unchanged for years, and being at the same time extremely delicate.

It is made by dissolving 8 parts of caustic soda in 100 parts (by weight) of water and adding 4 parts of sodio-potassic tartrate, and two parts of bismuth subnitrate. In testing for sugar in urine any albumen present must be first removed by precipitation by heat and acid. One part of the solution is treated with ten of the urine, when, if sugar is present, the bismuth will be deposited in the metallic state.—*Druggist's Circular and Chemical Gazette*, August, 1887.

Items.

—BLUE INK FOR STAMPS AND PADS.—Dissolve 2 parts of borax in 20 parts of water, heat to boiling, and dissolve in it 2 parts of bleached shellac; separately dissolve 2 parts of gum arabic in 5 parts of water; with the latter solution mix intimately 1 to 2 parts of best ultramarine and add to the shellac solution. Finally, add enough water and a little glycerine, if necessary, to make 25 parts.—*Chem. and Drug.*, July 30, 1887.

A young lady went into a store to purchase a diary, and had about concluded to secure one shown her, when she changed her mind, and said: "I guess I'll take a purse for the diary." An old lady standing near, and who only partially heard the foregoing announcement, went over and said in a loud whisper: "Miss, don't you do it; take blackberry cordial."

LIVING WITH HER HEART SPLIT.—Jane Berry, a colored servant of Dr. Holmes, living between New Brunswick and Cranberry, N. J., died on Thursday, and a post-mortem examination, made by the county physician, is said to show that she had lived eighteen hours after her heart had been severed, to the depth of three-quarters of an inch, by the rupture of a blood vessel. The woman was taken suddenly ill on Tuesday.

OBITUARIES.

NATHANIEL ARCHER RANDOLPH, M. D.

Nathaniel Archer Randolph, was born in Philadelphia in 1858; he was tutored by his able mother until he entered Swarthmore College where he prepared for Cornell University. After graduating here he completed his literary studies abroad, and returned to enter upon his medical studies in the University of Pennsylvania. He received his medical degree with honor in 1882, and again visited Europe to engage in professional study in physiology, therapeutics and the relation of foods to nutrition, a subject in which he made valuable experimental researches. Returning to America he soon became Instructor in Physiology in the Biological Department of the University, and a member of the editoral staff of the *Medical News* and the *American Journal of the Medical Sciences*. His abilities as a teacher were recognized at once, and his able and facile pen made him a valued writer. He became a Fellow of the College of Physicians, a member of the County Medical Society, of the American Philosophical Society, and of the Academy of Natural Sciences, where his attainments in medicine and its allied sciences won the respect of all his colleagues, while his genial nature and his sincere and kindly interest in his fellow-men gained for him the affectionate esteem of all with whom he came in contact. In 1887 he was elected Professor of Hygiene in the University, where his lectures were highly prized and were largely attended by the students, with whom he was a favorite. In May 1887 he assumed, with Dr. Charles W. Dulles, the editorial and general management of the MEDICAL AND SURGICAL REPORTER and its allied publications. Here his varied gifts, good judgment and kindly nature had established rela ions between the readers of the REPORTER and himself which promised to increase largely his already large circle of friends. Dr. Randolph, as a writer, more than do many, dipped his pen, not only in ink, but in his own personality; and the place and influence of the personal element in journalism was a subject of great interest to him.

His last scientific research was a study of the irradiation of motor impulses, contributed to the College of Physicians in March, 1887. He had in mind the establishment at the University of a laboratory for hygiene, and had labored faithfully for the accomplishment of this project. During the winter preceding his death he had made a careful study of house sanitation, visiting for this purpose the best appointed new buildings in the city; and his opinion had been sought on matters of practical hygiene.

To his intimate friends, Dr. Randolph had mentioned the existence of a heart trouble which had annoyed him at times, but he never relaxed his performance of duty, and the heated term saw him faithful in his office. It is supposed that anxieties of various kinds, his unremitting labors, and the heat of the terrible season just passed had rendered heart failure possible in one who was ordinarily in the best health. On the

day of his death, Dr. Randolph and his wife were bathing in the sea at Longport, N. J., when a wave larger than its fellows broke over them, and carried them off their feet. Dr. Randolph made an attempt to support and rescue his wife from danger, and while thus engaged suddenly threw up his hands, and sank. His wife was now helpless, and had to be rescued by others; and when Dr. Randolph's body was brought to shore, his life was found to be extinct. It is believed that the shock and strain had led to immediate death from heart failure.

The value of an active mind in the world is inestimable. Its worth is but partly appreciated when the relationships which bound it to others are suddenly severed. There exist a favored few whose evolution is so perfectly co-ordinated that the intellectual life moves on with all the beauty of the seasons and the stars. To such the environment of circumstances is not a boundary, a limitation, but the line which marks the blending of personality into the lives of others through the sympathy occasioned by contact. Such men are not self contained, but possessing self they have the interest and sympathy of others, the better part. To such, the law of being is the thread of harmony on which their natures find a varied growth; true to this law they can be false to none. Such was he of whom we write, whose day of life was one long morning, whose task was so well done before the noon that the reward of finished labor and felicity was his.

E. P. D.

NATHAN LEWIS HATFIELD, M. D.

Nathan Lewis Hatfield, M. D., said to have been the oldest living graduate of Jefferson Medical College, died of old age at his residence August 29, 1887. He was born in Montgomery county on August 2, 1804, and began his education in the public schools of Trappe, then taught by F. R. Shunk, afterwards Governor of the State, and subsequently studied in the classical department of the University of Pennsylvania. He took two courses of lectures in the medical department of the same college and one at Jefferson College, being a member of the first graduating class—that of 1826—of the latter institution. He was engaged in the practice of his profession in this city for many years, though, owing to his advanced age, he had been leading a retired life for a number of years past.

At one time he was President of the Board of Health. He was a fellow of the College of Physicians; a member of the Philadelphia County Medical Society; of the Northern Medical Society of Philadelphia, of which he was once President; of the State Medical Society of Pennsylania, of which he was Vice President in 1865; of the American Medical Association; of the Jefferson College Alumni Association, of which he was President in 1874, and an honorary member of the California State Medical Association. He was also a member of the Rocky Mountains Medical Association.

Dr. Hatfield was twice married and was the father of five children.

JOHN R. HANEY, M. D.

John R. Haney, M. D., a well-known physician of South Camden, died at his residence on August 27, after a lingering illness, of Bright's disease. The deceased was born in Riegelsville, Pa., and commenced the study of medicine at an early age with Dr. Rosenberger, of Fredericktown, N. J. He graduated from the University of Pennsylvania in 1861. He served as a surgeon in the late war, and at its close practiced medicine at Erwinna, Pa. He located in Camden in 1867, and followed his profession in addition to conducting a drug store.

He was President of the Camden County Medical Society in 1883, and was also a member of the State Medical Society, the American Medical Association and the Camden City Medical Society.

Changes in the Medical Corps of the Navy for the week ending Sept. 3, 1887.

Med. Dir., Richard C. Dean, detatched from duty as member of Examining and Retiring Boards and to Hosp., Chelsea, Mass.

Med. Dir., George Peck, orders as Delegate to International Medical Congress revoked.

Surgeon, M. H. Simons, detatched from "Constellation" and to the Naval Academy.

Surgeon, B. F. Rogers, detatched from Mar. Rendezvous, New York, and to the "Alliance."

Asst. Surgeon, James G. Field, detatched from the "Vermont" and Mar. Rendezvous, N. Y.

Asst. Surgeon, C. P. Henry, ordered to the "Ossipee."

Pd. Asst. Surgeon. G. P. Lamsden, to the "Boston."

Asst. Surgeon, Louis W. Atlee, restored to duty.

Official List of Changes in the Stations and Duties of Officers serving in the Medical Department, U. S. Army, from August 28, 1887, to September 3, 1887:

Lt.-Col., Joseph R. Smith, Surgeon, ordered to report in person to the Surgeon General of the Army, on Sept. 2, 1887, on business connected with the public service, and on completion thereof to return to his proper station. Par. 9, S. O., 198, A. G. O., Aug. 26, 1887.